UEA
University of East Anglia

Department of Clinical Psychology and Psychological Therapies
Doctorate in Clinical Psychology (ClinPsyD)

Clinical Practice Placement & Employment Handbook
for supervisors and trainees

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UEA ClinPsyD: Practice Placement & Employment Handbook

1.0 Orientation and Introduction

1.1 Welcome!

Congratulations on starting your journey towards qualification as a Clinical Psychologist! We are delighted that you have joined the ClinPsyD programme at UEA and hope you will find the information in this handbook useful. We want you to have a great training experience, and hope the information in this handbooks helps you understand what you need to know about the Programme . However, we can't cover everything here; the staff team and PGR Service are always happy to answer questions you might have.

1.2 Our Values

The UEA Clinical Psychology doctorate programme is firmly rooted in the NHS and is main purpose is to provide the NHS with a Clinical Psychology workforce who are excellent clinicians, but who also share the NHS values - for instance:

- **Care.** We expect all trainees to act as caring professionals who are fundamentally motivated by the desire to make a difference people in distress.
- **Compassion.** We expect all trainees to be able to show compassion to people with serious psychological problems, interpersonal difficulties and behavioural changes, and to focus compassionately on the needs of the service user.
- **Communication.** We expect all trainees to be effective communicators and embedded members of the MDT. Effective communication takes place on many levels – from developing high-level listening skills in your clinical work, to effective communication with your supervisor, to 'speaking up' about and challenging poor practice.
- **Competence.** We monitor and assess your competency development across the Programme of training. In placements this evaluation is carried out by your placement supervisor. We expect all trainees to develop the competencies set out by the BPS and HCPC to practice as a Clinical Psychologist. We want all trainees to develop an understanding of how to apply the evidence base in practice to maximise effectiveness of our actions.
- **Commitment.** Working with mental health presentations is at times a challenging job that requires one to be focused on achieving an effective outcome through perseverance and dedication to the needs of service users. This requires a strategic approach to service development, ensuring effective pathways are available for service users to optimise resource use, and finding creative solutions to obstacles that prevent service improvement.
- **Courage.** Keeping patients safe requires clinicians to have a willingness to stand up for what is right. Sometimes, maintaining integrity in a difficult situation is personally challenging. We expect trainees to have courage in confronting such situations with integrity and always to ensure that one always acts in the best interests of patients.

Over recent years, in line with the University's internationalisation strategy the Programme has taken steps towards developing global links with international partners. We have welcomed trainees from a number of countries across the world onto our programme, and have built reciprocal links for collaboration with other universities and mental health organisations around the world. We believe that Clinical Psychology is a force for social good, and we hope that the international developments allow us make a difference to

populations from around the world. Home (NHS funded) trainees benefit from these links, too; not only by being able to train alongside people from other cultures and traditions, but also experience opportunities such as the International Training Opportunity (ITO). We aim to continue to expand and develop this aspect of our programme.

1.3   Scope of this Handbook

The purpose of this handbook is to collate information for trainees, supervisors and advisors about **Clinical Practice Placements** and **NHS Employment**. This handbook supplements guidance given elsewhere, for instance in relevant NHS or university policies, however it is not intended to replace such guidance. Please note that sometimes policies and procedures are updated before we have a chance to reflect these changes in the handbook. We would specifically highlight that employment policies and procedures can be found on the CPFT 'Documents that Guide Practice' website and UEA policies and procedures can be accessed through the UEA Portal.

1.4   Key Contacts

PGR Service. The Medical and Professional Doctorates Team in the PGR Service is the first port of call for all student facing university matters and overall administration of the programme. The office can be contacted for enquiries relating to coursework submission; assessment extension and concession requests; board of examiners enquiries; appeals; timetabling and placement organisation. Further, the PGR service works as a collection and administration point relating to employment matters, including travel expenses, annual leave, sickness absence and study leave requests. The PGR Office is based in room 2.30 of Elizabeth Fry Building.

Key Contacts:

All email enquiries to the PGR Service should be sent to the shared email box: clinpsyd@uea.ac.uk. Specific staff may be contacted using the following details:

- Fiona Gibbons (PGR Officer) - 01603 592308
- Kate Patterson (PGR Research Administrator) - 01603 593076
- Sharon Hine (Clerical Assistant) - 01603 591258

Local Support (from the MED School). The MED school provides the programme with local support for non-student facing activities. The Local Support Officer is Andrew Sanders (**Andrew.sanders@uea.ac.uk**). In addition to providing significant support to the programme team, Andrew is also the first point of contact in relation to booking out psychometric tests; booking out UEA-owned Dictaphones; making requests for theses.

Line Management. See Section 0. This handbook gives advice on who you might contact for various issues, but most day-to-day issues will be handled by your Advisor or the Senior Clinical Tutor.

Key Contacts:

- **Deputy Programme Director & Senior Clinical Tutor** – Dr Peter Beazley – p.beazley@uea.ac.uk – 07557 758 535
- **Head of Department and Programme Director** – Prof Niall Broomfield – n.broomfield@uea.ac.uk
- **CPFT Head of Psychology** - Dr Nick Oliver – nick.oliver@cpft.nhs.uk

Queries about Placements. Placements are organised by the Placement Tutor and overseen by the Senior Clinical Tutor, Dr Peter Beazley. You can use the generic mailbox placement.queries@uea.ac.uk for any enquires.

2.0   Your Clinical Practice Placement

2.1   Structure of Practice Placements on the UEA ClinPsyD

Trainees spend 50% of their training on clinical practice placements. Each trainee completes six placements, which are considered by the university to be assessed pieces of work. In the first two years of training, trainees complete placements in core competency areas relating to working-age adult and older adult populations; in the second year trainees complete placements in core competency areas relating to children, young people and families and people with learning disabilities and neurodevelopmental disabilities, as shown in the diagram below.

Year One	Adult	Older Adult/Health/Neuro
Year Two	Child/Child and Adolescent/Youth	Learning Disabilities

The order of placements varies within a year so that around half the cohort complete one type of placement first; this pattern reverses for the Spring placement.

In the third year, trainees can choose from a wide range of specialist placements to build on their development in the core competency areas. Occasionally, specialist placements may be used to ensure experience with core competency areas which were not available in placements 1-4. We have an extensive range of specialist placements available throughout the region. Although specialist placements are typically configured as two discrete placements, the Programme is able to support other configurations e.g. split/year-long placements, providing that these are configured to allow appropriate development and assessment of competencies.

2.2   How are trainees prepared for placement?

Preparation for placement involves a planned and deliberate integration between the academic aspects of the programme and the practice-placement elements. Thus, trainees are prepared for placements through teaching-placement synchronisation, as well as the pattern of clinical assessments (oral examinations, case reports, and OSCEs) which are significantly weighted towards the first and second year of training. OSCEs (Observed Structured Clinical Examinations) are a formative assessment, and an important source of preparation, occurring before your first placement, and then again in your second year of training. More information about these assessments can be found in the academic handbook.

In addition, trainees are expected to read widely in the subject area, and familiarise themselves with relevant literature including research papers, evidence-based guidelines, and relevant legislative or policy guidance. UEA provides excellent library facilities with subscriptions to a range of relevant journals. Supervisors may also set specific reading requirements around placements.

2.3   Process of allocating Clinical Practice Placements

The Programme maintains a database of supervisors in the region who meet the relevant HCPC and BPS criteria to act as practice placement supervisors. New supervisors and new placements are added to this following a robust process of assessment and approval (see 6.1) and the quality of practice placement provision is audited using clear, established processes (see 6.2).

The process of allocating placements begins each year in early summer where supervisors are contacted to establish that the information within the placement 'pool' database is accurate. Once this is established, provisional allocations are made by the Placement Tutor for each trainee. Trainees are ordinarily allocated placements within or close to their base area. There are limited circumstances where this is not possible, and in this case we will try to make allocations in the fairest way. All allocations are made with the aim of providing the trainee with a balanced experience of clinical populations and service settings, to ensure the trainee is able to develop the range of core clinical competencies across practice placements. To aid this, prior to allocating first year placements, the placement tutor reviews a copy of the trainee's resume; in the second year, the placement tutor will review the placements completed in the first year.

Trainees are not generally able to express a choice or preference for their core practice placements, as the predominant focus is on ensuring that the appropriate range of core clinical competencies is developed. However, where there are specific personal circumstances or health needs which merit consideration during the allocation process, please make the Placement Tutor or Senior Clinical Tutor aware of these.

Specialist practice placements are allocated from the same pool of placements, which is made available to trainees in the summer. Trainees provide a ranked list of placements using an electronic form (three options each for Placements 5 and 6). Trainees can choose placements across the region and are not limited by their base area. Most trainees are allocated their first or second preference choice for both placements. Trainees are expected to discuss their placement choices with their advisor prior to making them, who should review the previous core placements already completed to check if there are any outstanding core competency areas which need to be developed in the final year of training. If so, trainees must provide a selection of placements which allows them to meet these core

competencies by the end of training. Trainees are specifically asked to indicate whether this is the case on the electronic form returned for placement choices.

2.4   Placements outside our commissioned region

There are a wide range of placements within the commissioned region, and most placements are arranged within this area. For UK based placements, placements outside our commissioned region may be used in exceptional circumstances only, for instance if there is a temporary shortage of particular placement types in a specific area, or if there is a specific clinical competency area (e.g. in a specialist placement) which is not provided within the commissioned region. Such arrangements are generally unusual. Any approaches to external supervisors for placements outside the commissioned region must not be made by the trainee and need to be negotiated by the Programme– typically the Senior Clinical Tutor – and in all cases permission from the training Programme which covers the area of the particular placement is required (this reflects a broader national agreement).

For international trainees, the Programme has developed the option of conducting final year placements within the trainee's home country. This option is only available where UEA can source, quality assure and monitor these placements, and as such is never a guaranteed option. This training route can be considered in cases where the competency needs of the trainee can be met appropriately by these placements, and where the Programme is able to develop appropriate links with the local host services to ensure the quality of supervision and clinical practice meets HCPC and BPS accreditation standards. Trainees are also provided with enhanced supervision by a HCPC registered Clinical Psychologist, in addition to local supervisory arrangements, for the duration of the placement. The Programme has an established process for assessing and setting up such placements, but this involves significant pre-planning and liaison with the international provider, typically over a period of two years, and so plans for any such placements must commence very soon after the trainee starts at UEA. For UK commissioned trainees an International Training Opportunity overseas can be undertaken by some trainees as part of specialist placement provision in the final year. This training opportunity is subject to the same rigorous governance arrangements outlined above.

2.5   Supervision Requirements during Clinical Practice Placements

The Programme adheres to the BPS requirements for practice placement supervisors. In terms of the core requirements for supervisors, these are:

- Supervisors must be appropriately registered, trained and suitably experienced for the role. In most cases, appropriate registration means that supervisors are Clinical Psychologists registered with the HCPC. Practitioner Psychologists registered in another modality (e.g. Counselling Psychologists, Forensic Psychologists) also act as supervisors. The Programme would expect that a trainee receiving supervision from a psychologist who is not a Clinical Psychologist should have a named contact who is a Clinical Psychologist who is able to provide any specific support around learning needs which are not able to be addressed by the placement supervisor.
- Supervisors must receive appropriate training delivered by UEA staff on the requirements of providing supervision on the Programme, e.g. on the process of competency evaluation and assessment of placement outcome. This will ordinarily come through attendance at a two-day induction workshop provided by UEA.

- This training must be undertaken by all new supervisors and should be updated every five years for existing supervisors for the programme.
- Supervisors must be aware of their responsibilities and agree to provide supervision in line with the BPS Guidelines on Clinical Supervision (www.bps.org.uk/accreditationdownloads)

In terms of requirements of the nature of supervision itself, the Programme also requires the following:

- A placement contract must be developed. The Programme has a standard template for this which provides key aims and objectives, planned pieces of work, planned competency areas that will be developed by the placement, and ensures both trainee and supervisor are aware of their responsibilities. This must be signed and returned to the PGR Service within two weeks of starting placement.
- Supervision should occur weekly and should be of at least one hour duration. In line with BPS guidelines, the Programme recommends that 90 minutes of weekly supervision is provided.
- The supervisor must have at least three hours of total 'contact' time with the trainee each week. Beyond supervision, contact time can include engaging in observed or shared pieces of work.
- Arrangements should be made for cover of supervision in cases of planned leave or other absences of the supervisor. Trainees should also be made aware of emergency arrangements for supervision and escalation of clinical concerns in an urgent or time-critical situation where the primary supervisor is unavailable.
- Supervision may be group supervision or individual supervision, but there must be an appropriate balance of individual supervision to ensure the trainee's competencies develop appropriately.
- There must be at least three observations of the trainee by the placement supervisor, and three observations of the supervisor by the trainee. The observations can be delegated appropriately. Observations include indirect observations e.g. audio/video recorded sessions.

2.6   What should I wear?

A common question asked by trainees is what they should wear. Trainees should make themselves aware of appropriate standards of dress as outlined in employment and relevant local NHS policies. Generally, this means that trainees should present for work in smart professional clothing. Clothes that are too casual or very unconventional may hinder a trainee in establishing a client's confidence. Similarly, in some settings over-formal clothing is inappropriate or impractical. Specific restrictions on some aspects of dress, for instance piercings and long hair, may be placed on trainees due to infection control (inpatient settings) or placement safety (e.g. forensic settings).

Whatever you wear, don't forget to wear your name badge! In most cases, you should be provided with an appropriate NHS name badge by the trust in which your placement occurs.

2.7   What should I call myself?

We recommend using the term 'Trainee Clinical Psychologist' to describe yourself to clients and staff. Trainees must make sure that clients are appropriately aware of a trainee's status

as an unqualified member of staff. You should also include your supervisor's name in clinical reports and ensure clinical records are appropriately approved/counter-signed.

2.8   Travel whilst on placement

The commissioned area of the UEA ClinPsyD is large, with several large rural areas. There is often significant need to travel on placement and we therefore require trainees to have access to a car during their placements. As already stated, we manage the process of allocation of placements through the 'base' system, which aims to minimise travel. The process of claiming expenses for travel on placements is considered below (7.10).

Some placements have access to pool cars which may be used by trainees for placement visits, and there should be no reason why trainees cannot use these so long as this is subject to appropriate local governance and authorisation.

In all cases, trainees should not use their own car for transporting patients.

2.9   How should I write notes and reports on placement?

Keeping accurate and contemporaneous records of clinical activity is an important part of clinical practice. The various placement providers in the region differ in regards to their processes by which notes are kept, and so therefore the handbook guidance is that trainees must follow appropriate local policy in keeping and recording clinical records. This includes both in terms of the process required for keeping and retaining 'in the session' notes that you might take, and the notes that you might record afterwards on a central records system. It also will include policies in regards to the safeguards to take when transferring clinical information (in either paper or electronic form) between different locations.

Your placement provider may have specific processes for the approval of notes written by unqualified staff (for instance in CPFT trainees can be 'passed out' as being able to complete their notes on their own, but this process does not apply in other trusts), and this should be a specific consideration if a supervisor is away from base or taking annual leave. Supervisors have a responsibility to check the accuracy of clinical notes written by unqualified staff under their supervision, as part of the process of delegating work. If you move from one placement organisation to another during training, don't forget to speak with your supervisor about the process for recording notes in your new organisation.

Regardless of which organisation provides your placement, we expect clinical notes to be of a good quality; sufficiently detailed for the required purpose, but concisely written; clearly written and free of spelling or grammatical errors; honest; complete; and, importantly, highlighting and communicating appropriately any issues of risk or concern. We expect trainees to demonstrate good information governance principles to the handling and transfer of clinical records.

The same broad principles apply to the writing of other clinical reports, including assessment reports or end of therapy reports. The style and format should follow that used within the service and recommended by your supervisor. Trainees should be encouraged to write reports which are appropriate to the intended audience (whether this is a professional colleague or a client), avoid jargon, distinguish clearly between fact and opinion, and provide consistent clarity of expression. Supervisors should discuss specific details regarding expectations regarding reports and letters with Trainees. This includes timescale, frequency and style.

Please ensure sufficient time is allocated towards the end of the placement for the additional letter / report writing that is often required as clinical cases come to a close.

2.10   Broader expectations of trainees on placement

Trainees on placement are expected to make the most of the learning opportunities they are offered on placement and to demonstrate behaviour consistent with the values of the programme and the NHS (Section 1.2). Trainees make a real difference to service output, and are embedded in NHS services as part of the workforce; trainees are very much on placement to learn, but are also not supernumerary, and expected to provide a meaningful clinical contribution to services.

Beyond alignment with the core values of the profession, trainees are expected to demonstrate alignment with appropriate professional, employment and academic policies, codes of conduct and guidelines. This includes:

- Employment policies of the host employer (CPFT)
- Specific policies of any organisation hosting a placement
- University policies in regards to practice placements (e.g. UEA Code of Practice Placement Learning)
- HCPC guidance (e.g. Guidance on Conduct and Ethics for Students)
- BPS guidance (e.g. BPS Code of Ethics and Conduct; BPS Practice Guidelines)
- Relevant legislation and associated guidance (e.g. Mental Capacity Act 2005 and Code of Practice)

Any breaches of these policies or guidelines are viewed seriously by the Programme. Our response will depend on the nature of the breach, and will always be proportionate, but may include action taken through one or more of the following routes, either separately or in parallel:

- Employment policies, e.g. warnings; suspension; dismissal
- University policies, e.g. action under university disciplinary procedures or relevant statues
- Fitness to Practice processes (including university processes, and, potentially where concerns are raised at the point of registration, the HCPC)
- Adverse placement outcomes (e.g. failing a placement)

2.11   Fitness to Practice

Trainees must be fit to practice in the work in which they engage. This is an important principle outlined within the HCPC Standards of Conduct, Performance and Ethics (SCPEs) and explained in application to trainees within the HCPC's 'Guidelines for Conduct and Ethics for Students' document.

The HCPC use the term 'fitness to practice' to mean 'that they have the skills, knowledge, character and health to practise their profession safely and effectively. We also mean that we trust them to act legally.' (HCPC Document - Managing Fitness to Practice). Trainees have a responsibility to maintain appropriate fitness to practice in regards to all of these areas.

Where life events or other circumstances may impact on fitness to practice, the Programme expects trainees to follow HCPC guidance for 'professional self-regulation'. That is, we expect trainees to be able to assess when they are not, or may not be, fit to practice, and to take appropriate action. Where circumstances mean that a trainee's fitness to practice may be compromised, appropriate action may include:

- Restricting or adapting your scope of practice appropriately.
- Advising programme staff of situations which may impact your fitness to practice, or of action you have taken to restrict or adapt your scope of practice.

Concerns about a trainee's fitness to practice may be brought to the Programme's attention through a number of sources: the placement supervisor, advisor, other trainees, and of course by trainees themselves. In most cases, we will work with the trainee with the principles of 'professional self-regulation' as noted above. If there is evidence, however, that a trainee is not taking appropriate steps to manage their fitness to practice, this may lead to the Programme taking action on behalf of the trainee to ensure safe clinical practice is maintained. The possibilities here are wide ranging, but may include:

- Suspending the trainee's placement or preventing a trainee from commencing a placement
- Adding conditions for the continuance of a placement
- Adding limitations on a trainee's scope of practice
- Referring the trainee to Occupational Health or the Student Support Service

Such action will be taken by the senior Programme team who, in their decision making, will consider the following guidance and documents:

- HCPC Standards of Conduct, Performance and Ethics
- HCPC Guidelines for Conduct and Ethics for Students
- BPS Generic Professional Practice Guidelines
- CPFT Disciplinary Policy and Procedure
- CPFT Capability Policy and Procedure

Such cases may also be referred to the School Fitness to Practice (professionalism) committee which covers practice-based programmes within the school.

Finally, trainees are subject to the General Regulations for Students. Trainees' attention is drawn specifically towards Regulation 14 regarding 'Professional misconduct and/or unsuitability/fitness to practise'.

3.0   Competency Development on Practice Placements

3.1   What competencies should I develop through my practice placements?

Practice placements provide a major part of competency development. Of course, practice placements are not the only way you will develop the competencies to practice as a qualified Clinical Psychologist. The academic, taught and research elements of the

programme will provide many opportunities which together aim to work with your placement experience to develop a broad range of competencies.

At UEA, we use the BPS framework to classify core competencies that you will develop over the course of training. The main core competency areas defined by the BPS are:

- Psychological Assessment
- Psychological Formulation
- Psychological Intervention
- Evaluation
- Research
- Personal and Professional Skills and Values
- Communication and Teaching
- Organisational and Systemic Influence and Leadership

In addition, you are expected to develop a range of generalisable meta-competencies that can be applied across settings and populations, and which will allow you to work with novel clinical problems in an appropriate and effective way.

In terms of the development of clinical skills in assessment, formulation and intervention, the Programme is required to develop competency in the use of Cognitive Behavioural Therapy, plus one other therapeutic orientation. At UEA this is Systemic theory and practice. It must be noted that skills in Psychological Intervention form one part of the breadth of clinical and professional skills required of a Clinical Psychologist, and it would be wrong for trainees to think that the skills in psychological intervention or therapy are privileged above other competency areas.

You should also have opportunity to develop robust skills in neuropsychological assessment and formulation. This is monitored through a process of 'passing out' in the core skills of neuropsychological test administration. To allow for the different opportunities in neuropsychological test administration, the process requires that throughout the four core placements, trainees are judged by at least one placement supervisor as able to competently and independently administer two different types of neuropsychological test. Trainees who do not meet this minimum standard by the end of their core placements will be required to take specialist placements which will afford this opportunity.

In all cases, your placements should develop skills across all of these competency areas, but the timing and order may vary depending on the type of placement and stage of training.

3.2   The Clinical Practice Portfolio

Over the course of clinical practice placements, trainees should develop a portfolio of relevant paperwork documenting a trainee's progression and competency development. This should include the following documents for each placement:

- Cumulative Log Book of Practice Placement experiences (Section 3.4)
- Copies of assessments and assignments and feedback sheets from these (see Academic Handbook)
- Evaluation of Clinical Competency forms for each placement (Section 4.2)
- All appraisal paperwork (Section 3.3)

This paperwork is important. Not only does it help trainees to understand and reflect on their development as a Clinical Psychologist over the course of training, but also such paperwork can form an important part of demonstrating to employers and registration bodies the training that you have received. For instance, anybody seeking registration in a different country may well have to provide such information to demonstrate the quality of their training to the appropriate registration authority. Similarly, trainees who pursue BABCP accreditation post-qualification would need to provide such evidence. The log book may be particularly important as it provides an authenticated log of practice hours completed across training.

3.3   Appraisal process

The UEA ClinPsyD operates a yearly appraisal process for all trainees. The appraisal process serves the function of your annual employment appraisal as required by the NHS, but also as your yearly appraisal expected by the university by virtue of your status as a PGR student. A specific appraisal form is available on Blackboard, and specific appraisal slots are timetabled in advance for trainees. The appraisal is carried out by the advisor. The trainee should send the advisor the first half of the appraisal form in advance of the appraisal meeting. The form is then completed during or after the meeting. The focus of the appraisal should be a reflective review of the trainee's overall progress over the preceding year, with a view to considering specific goals or objectives for the following year. Depending on the stage of training, the appraisal may also be an opportune moment to consider specialist placement choices, career choices, as well as choices in the ITDP (Individualised Training and Development Plan). Appraisals should always include a review of the broad development of competencies and to check if any competency areas are less well developed than expected.

3.4   The Log Book

Trainees are required to keep a cumulative log of their practice placement experiences and the way in which these experiences have aided competency development. The UEA ClinPsyD uses an Excel template to assist trainees in logging developmental experiences in these areas. The log book allows a detailed level of recording in regards to the development of micro-competencies in CBT and Systemic practice, as well as neuropsychological assessment. It also allows the recording of indirect pieces of work. Trainees are also able to use the log book to make self-directed evaluations of their progress in these micro competency areas, and a traffic-light system highlights to trainees areas that they will need to focus on in subsequent placements.

It is outside the scope of the current document to provide detailed instructions of the operation of the Excel log book, but training is given to all trainees within their induction. The following basic principles are however noted:

- Trainees must be cautious of recording clinical information that could identify a patient. Such material must not be recorded. Trainees should assume that the information in the cumulative log is not secure and therefore not record a level of detail that would allow an individual patient to be identified.
- A trainee's log book should be reviewed at the beginning of each placement by the trainee and placement supervisor to assist in making plans for pieces of work for the current placement. Pieces of work should aim to address areas of deficiency.

- Trainees should provide self-evaluations of their progress in micro competencies at the end of each placement. They also have the opportunity to make ratings before they start their first placement. The traffic-light ratings should provide trainees with a general visual impression of their progress and highlight any areas where they have not had the opportunity to develop competency.
- Each piece of work is entered onto the competency spreadsheet in the appropriate sheet for each placement. The spreadsheet allows the trainee to enter in the client group, service context, and total number of clinical hours spent with the client. This information is then fed-forward into an overview/summary spreadsheet which allows the trainee to see a summary of their clinical activity at any given stage.
- Against each piece of work, trainees then use a separate spreadsheet to record appropriate micro-level competencies. Again, these are fed-forward into the overview/summary spreadsheet.
- The log book should be reviewed regularly during the placement by the trainee (please don't leave completion until the very end of the placement!). It should be reviewed in supervision and at placement reviews.
- At the end of each placement, the trainee is required to email a copy of their log book to their placement supervisor, who then responds to the email to confirm they approve the contents of the log book as reflective of the trainee's development. The trainee forwards this email chain, along with the log book as it currently stands, to the PGR Service along with their other end of placement paperwork.
- The trainee should keep a 'snapshot' copy of the log book on file at the end of each placement and then start a new copy of the log book for the next placement. This means that trainees can then refer back to see their progress at any stage of the training.
- Upon completion of training, the trainee retains a copy of the log book, along with appropriate email signature confirmations, for future reference.

Whilst completion of the log book is a specific requirement of training, trainees may also additionally choose to complete specific methods of logging particular micro-level competencies in other relevant areas or clinical practice – for instance, trainees may make reference to the QICN framework for neuropsychology competencies, or competency frameworks in specific protocols of CBT, or other therapeutic modalities.

4.0   Evaluation of Practice Placements

4.1   Passing a placement – the basics

From a university perspective, placements are assessed pieces of work and passing placements is a requirement of the Programme. Trainees are sometimes anxious about the requirements to pass a placement. As a Programme , we have worked hard to make sure that the process of evaluation of placements are both robust – allowing us to ensure that all trainees who pass a placement have indeed met the expected requirements of the Programme – but are also clear and transparent to trainees. We want to give all trainees the best opportunity to develop the required competencies and pass their placements.

At the simplest level, there are three requirements to pass a placement:

- An attendance requirement
- A workload requirement
- A competency requirement

These are explained in turn, and further represented in a flowchart (see Section 9.0 - Appendix 1: Flowchart for Passing/Failing Placement).

4.2 The Attendance Requirement: Minimum Placement Days

It is important that trainees spend sufficient time on placement to allow them to develop appropriate clinical competencies. The attendance requirement is for 80% of available placement days, after proportionate annual leave has been deducted from the available total. We do this to ensure trainees are not penalised for using their annual leave. The calculation is easiest to illustrate with an example:

> *Most placements have a maximum theoretical length of approximately 70 days. Trainees typically have 27 days of annual leave. Thus, we deduct half a trainee's annual leave allowance (13 days, rounded down) from the total, leaving 57 days as the 'available' number of days on placement. The requirement is then 80% of this, rounded to the nearest figure. In this case, 46 days is the minimum number.*

Beyond the accounting for annual leave, the 'attendance' figure does not consider the reason of any absence on placement (i.e. annual leave, sick leave, etc).

If it becomes apparent that a trainee is likely to breach the minimum placement requirement, or by the end of placement has breached it, the supervisor or trainee should contact the senior members of the Programme team for advice at the earliest possible opportunity (Senior Clinical Tutor can be contacted in the first instance). In some circumstances it may be possible for additional days to be allocated to the placement, or to another placement, to allow the minimum placement requirement to be met. This process is detailed within the flow-chart for passing/failing a placement (see Section 9.0 - Appendix 1: Flowchart for Passing/Failing Placement). However, trainees are ultimately advised that appropriate attendance is one of the requirements used to assess whether a placement should be passed or failed, and there is no guarantee it will be possible or appropriate to rearrange or grant additional placement days.

4.3 The Workload Requirement: 'Pieces of Work'

Trainees are required to complete a minimum number of pieces of work, which is detailed in the table below. The completion of a sufficient quantity of clinical work is important to ensure that trainees are exposed to a sufficient breadth of clinical experiences to allow them to practice effectively as clinical psychologists. Placements can only be passed if the required number of pieces of work are completed and there are no processes to vary this requirement.

Type of Placement	Anticipated number of ongoing pieces of clinical work	Required total number of pieces of clinical work to complete during the placement

Core Clinical Practice Placements (Placements 1-4)	6-8	12
Standard Specialist Clinical Practice Placements	4-6	8
Year Long Specialist Clinical Practice Placements	2-3 (on each placement)	8 (on each placement)
Leadership Specialist Clinical Practice Placements	The appropriate amount of work is determined by the Trainee, Supervisor and Advisor.	

Discussions about workload should form part of the process of monitoring within clinical supervision. Trainees struggling to keep up with the workload are encouraged to seek help and support from their supervisor at an early stage. They may also discuss these issues with the advisor. At any stage where a supervisor has concerns about workload they should raise these initially with the advisor/Senior Clinical Tutor. Early identification of workload issues should lead to an action plan for resolution, with a focus on trying to support the trainee in meeting the workload requirement. Such issues should also be discussed at Mid Placement Review.

What is a 'piece of work'?

Not all clinical activity on placement can or should be counted as 'pieces of work'. Broadly, the decision on whether a piece of work should 'count' is based on an assessment of whether or not the piece of work **independently** and **substantially** contributes to a trainee's development in a relevant competency area. The aim is to ensure that each trainee completes an appropriate breadth and depth of work within each placement area, and has opportunity to develop across the broad range of competencies and meta-competencies. Pieces of work can be direct or indirect and can reflect any activity on the placement that is relevant to any area of competency development.

It is not possible to give an exhaustive list of examples of what does, and what doesn't, constitute a piece of work. However, under the definition adopted it should be clear that some things would **not** likely count: observation carried out by a trainee; attending a service meeting or induction event; a planned clinical piece of work for a client that did not attend; signposting or individual brief triage assessments. On the other hand, a clinical piece of work accompanied by some substantive output (e.g. a report) **would** clearly count, as would joint working where the trainee makes a significant contribution; or structured/formal observations leading to a report. Pieces of teaching, consultancy, service evaluation (not the SRP!), audit or research would all potentially count so long as they met the definition above.

The supervisor is the first port of call for trainee queries about whether a clinical activity counts as a piece of work. However, the supervisor or trainee can also discuss this with the advisor if there is uncertainty.

4.4 The Competency Requirement: Supervisor's Evaluation of Clinical Competencies

Supervisors are responsible for assessing the development of a trainee's competency on placement. This is done using the Evaluation of Clinical Competency (ECC) form, which is completed at the Mid Placement Review, and again at the end of the placement. The final ECC form completed at the end of the placement makes a recommendation to the exam board on whether or not the placement should be passed or failed. In doing this supervisors are asked to reflect upon the totality of their ratings across the whole of the placement. The process for the evaluation of competencies by supervisors at the mid and end of placement reviews is described in Section 5.0.

4.5   Failing a Placement

As will be clear, the Programme needs to ensure that over the course of training, trainees are able to develop the appropriate competencies to act as competent qualified clinical psychologists. Supervisors are reminded that the process of passing or failing a placement acts as a critical assessment of minimum clinical competencies for safe and effective practice as a qualified psychologist, and the Programme would therefore not expect a placement to be passed if these standards are not met. The broad process concerning placement failures is outlined within Section 9.0 - Appendix 1: Flowchart for Passing/Failing Placement. This highlights that placements may be failed if any one of the workload, competency or attendance requirements are not met by the end of placement.

If a placement is not progressing well this should be identified and noted as early as possible, ideally prior to the Mid Placement Review. Once concerns are noted by a supervisor, it is expected that the supervisor would provide the trainee with clear feedback about their concerns and then work with the advisor and trainee to develop an action plan which would allow the trainee to remedy the stated concerns within the remainder of the placement. The action plan should contain clear learning objectives as well as specific timescales. The advisor or supervisor may need to consider whether additional support, within the scope of the placement and supervisor, is required. Earlier reporting allows trainees to make the best use of the remaining time in the placement to remedy the concerns.

An end of placement meeting should be arranged which will assess progress against the action plan reviewed.

If the trainee does not respond sufficiently to the action plan by the end of placement, or additional concerns develop, then the supervisor's Evaluation of Clinical Competency form should be completed accordingly, making a recommendation to the examination board that the placement is failed. Particular attention should be paid to the qualitative comments given in the relevant section(s) and to sensitive discussion of the issues with the trainee. The advisor and/or another member of the programme should be involved in the end of placement evaluation meeting in these circumstances, and there may be a need for more than one meeting prior to the final ending of the placement.

For clarity, whilst we recommend to supervisors the early reporting of problems or concerns on placement, and the opportunity to remedy concerns through an action plan, it is acknowledged that there may be occasions where providing appropriate forewarning or

opportunities to remedy performance is not possible. This might include circumstances when a serious conduct issue is raised late in the placement, where concerns about clinical work only arise late in placement, where feedback from clients or staff within a service received later in a placement indicates that earlier appraisals of a trainee's competency were unreliably made, or where attendance issues only emerge late in placement. This is not an exhaustive list.

Furthermore, we acknowledge that there will be occasions where concerns with performance or competency development on placement overlap with concerns about the ability of a trainee to practice safely. For clarity, we expect supervisors to prioritise the clinical safety of their client group over the learning needs of a trainee. Thus, supervisors may have to adjust or limit the scope of practice of a trainee to allow them to practice safely but also gain appropriate learning opportunities. In serious cases, it is possible that significant reductions in the scope of practice could impact on the ongoing viability of a placement. If competencies have not been developed because of serious or fundamental concerns about a trainee's ability to practice safely, or reductions in the scope of practice consequent to such concerns, we would expect a placement failure recommendation to be made by the supervisor.

In any case of a supervisor recommending a placement failure, the recommendation will be discussed at the next available examination board or an extraordinary board will be convened. If a failure of a placement would result in discontinuation of the Programme, then a representative of the employing trust is invited to the exam board.

Where the examination board determines a placement is to be failed, it *may* permit repetition, provided always that:

1. no more than one failed placement may be repeated throughout the programme as a whole; and
2. two failed placements either at first assessment or reassessment represent an outright failure of the course. This may happen in one of two ways:

Placement A is failed at first attempt and is then failed at second attempt (Re-assessment). Or, Placement A is failed at first attempt but passed at second attempt Re-assessment) but then a further placement is failed at first attempt.

Where repetition is allowed, the Board of Examiners may specify particular goals that need to be attained. The Board of Examiners and wider programme team will also have to be satisfied that a trainee's practice in any subsequent placement will be safe, which may require the Programme to conduct further assessment of the trainee's competency or activation of fitness to practice processes.

5.0 The Practice Placement Experience

5.1 Before starting your placement

You should expect to receive a confirmation of your next placement between 4-6 weeks before the start of the placement. After confirmation letters for placements are sent out, we recommend that you get in touch with your new placement supervisor as soon as possible. It is recommended that you arrange a time to speak over the phone, or to meet in person, before the placement starts. This gives you a chance to ask any practical questions about your placement, to confirm your start date and time, and to arrange your Initial Placement Meeting. We also recommend you familiarise yourself with the process for assessment and evaluation throughout the placement, which is highlighted in the flowchart below. This section will explain the process at each step in more detail.
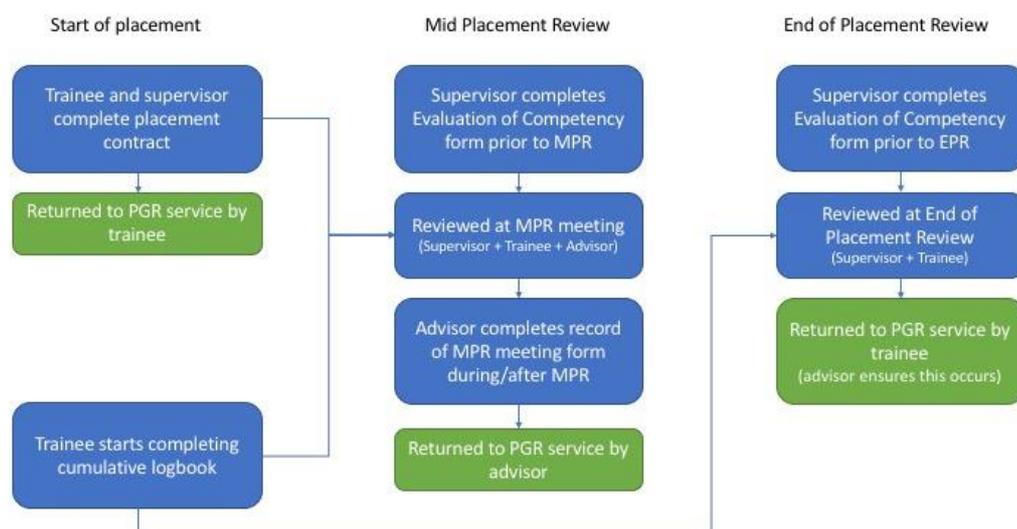
5.2 The first few weeks on placement and the Initial Placement Meeting

Starting out at a new placement can be both an exciting and daunting experience. Of course, you'll be guided and supported by your placement supervisor who should be your first point of contact for your placement. Indeed, one of the first things you should do is arrange an Initial Placement Meeting. This meeting is important as you start the process of drawing up a placement contract (please see template on Blackboard). The contract template also includes a list of helpful practical points to consider, but don't also forget to find out where the kettle is kept! You need to return the placement contract, signed by both parties, to the PGR office within two weeks of starting your placement.

We encourage you to make a real effort to make the most of your first few weeks on placement. It's a great opportunity to meet with and build relationships with administrative staff, as well as staff from a wider multidisciplinary team, which can be a vital starting point for a positive placement experience as well as useful resource as the placement progresses. A key part of the practice placement experience is to learn about other healthcare disciplines and their wider role. But don't forget to explain who you are and your role to

avoid any misconceptions about the role of a trainee – particularly if the service is not used to having trainees.

In most cases, the Initial Placement Meeting is attended by the placement supervisor and trainee only. However, there are some circumstances where it is expected that your advisor would also attend. These are:

- For your very first placement
- For a supervisor's first trainee
- Where a new placement is being offered (i.e. where a placement is hosted within a new service)
- Where there have been concerns about a trainee raised by previous supervisors which would be important to discuss and convey in the initial placement meeting.

In addition, a trainee or supervisor can ask for any initial placement meeting to be attended by the advisor if they wish.

5.3   Mid Placement Reviews

Mid Placement Reviews (MPR) will occur approximately half-way through your placement. They are attended by the advisor, supervisor and trainee. The advisor will typically lead the meeting, meeting separately with the trainee and the placement supervisor before coming together for a joint meeting.

Prior to the MPR, the supervisor completes the Evaluation of Clinical Competency (ECC) form as a 'snapshot' of how the trainee has started the process of competency development on the placement. It is not expected that trainees will have had the opportunity to develop competencies in all planned areas by this stage, but the supervisor should be able to give an indication of the main areas of strength and potential areas for development. The supervisor should provide the trainee with a summary of their feedback prior to the MPR meeting.

Also prior to the MPR, the trainee should complete the first half of the 'Advisor's record of MPR form' (available on Blackboard). This indicates the practical details of the placement and provides an opportunity for trainees to state desired agenda items in advance of the MPR. Trainees are also required to confirm that they have received sufficient supervision in line with BPS requirements.

During the MPR meeting, the advisor checks that the trainee has received appropriate feedback on their performance and is clear on expectations in the second half of the placement. A number of other specific issues are also checked and documented by the advisor. Learning objectives for the second half of placement may also be identified at this point, and documented in the ECC form. The advisor then records a summary of their discussion with both parties on the Advisor's record of MPR form, signs this form and sends this to the PGR office.

Please note that during 2019/20 we plan to trial a new on-line system of recording competency development. We hope this proves easier for supervisors and trainees. We will update trainees on any changes directly. There should be no change to the broad processes outlined above, however.

5.4 End of Placement Reviews

The End of Placement Review typically occurs in the last two weeks of placement. It provides an opportunity for the supervisor and trainee to meet to discuss the placement, and for the supervisor to provide the trainee with overall feedback about their performance during the placement. It is not typically attended by the advisor, unless concerns have been raised about progress on the placement, but the supervisor or trainee can request the advisor attends this meeting for any reason.

Once again, the supervisor should complete the ECC form in advance of the meeting, and then provide the trainee with feedback on this during the End of Placement Review meeting. The ECC form includes a final recommendation on whether the placement is passed or failed and an overall evaluation as well as detailed feedback on competency development across the range of core competencies.

Supervisors should note that the ECC form, once completed at the MPR, can then be appended to during the End of Placement review. This can provide the trainee with a positive experience in making clear how they have developed since the MPR.

Once the End of Placement Review meeting is completed, the trainee then has the opportunity to add their own comments to the form, which is then signed and returned to the PGR Service. Please note the ECC form at this stage is critical for the PGR Service as without this the trainee's placement cannot be considered to be passed, and this may prevent a trainee being progressed by a university exam board.

5.5 Video-conferencing for Placement Reviews

The Programme is always seeking to review whether innovations in technology can be applied to improve practice, and in 2017, the Programme began to pilot the introduction of MPRs using video conferencing or tele conferencing technologies. Conclusions from the pilot experience led the Programme to conclude that, under certain conditions, such technologies can be used successfully as an alternative to face-to-face placement review meetings. By allowing more flexible arrangements for attendants, such meetings will be of particular value for placement reviews carried outside of the Programme's commissioned region (e.g. 'out of area' placements or international placements) where such meetings may become 'the norm'. Using virtual technologies also assists with the university's and NHS's goals to reduce carbon emissions and our impact on the environment.

However, the Programme also recognises that there are a number of potential situations where it is advantageous to conduct a placement review in person, and has therefore developed the following guidance around the use of 'virtual' placement reviews:

- Virtual MPRs can only be conducted with the explicit agreement, in advance, of the trainee, advisor and supervisor. Any one person can object without giving a reason. For placements outside the Programme's commissioned region, this question should be considered at the point of agreeing the placement.

- Across six clinical practice placements, no trainee should have more than two virtual MPR meetings. In practice, this means that trainees seeking to have a practice placement in their final year outside the course's commissioned region should not have virtual MPRs conducted in their core placements.

Virtual MPR meetings should not ordinarily be used in any of the following cases:

- For a trainee's first placement
- For any other placement were an initial placement visit is offered (e.g. for a new supervisor, new placement, or where there is need to discuss specific learning objectives)
- If the supervisor's evaluation of competency form suggests that specific learning objectives are *required* for the second half of the placement

If MPRs are conducted virtually, the following best practice guidance is outlined:

- Agree the technology to be used in advance and run an initial test if necessary. Video conferencing is preferable to a teleconference.
- Carry the MPR in the same standard format – allowing separate opportunities to meet with supervisor and supervisee.
- Record on the relevant paperwork the fact that the MPR has been conducted virtually
- At the end of the MPR, check that all parties are happy with the meeting having been conducted virtually

If an MPR is conducted virtually, all other placement paperwork and processes remain the same.

5.6 Observations: Observing and Being Observed

One of the best ways of learning is through feedback and reflection following observation. This is something that many people may naturally wish to avoid (as it has the tendency to feel exposing), but the ability to learn from our practice is an essential skill for all clinical psychologists during training and beyond. For example, learning therapeutic competencies in CBT is in many ways a highly technical task, requiring great attention to the 'micro level' decision making made throughout a clinical contact. The 'micro' needs to be continually linked back to the wider context of the person who is being seen, including their background and their environment. Maintaining effective clinical work requires clinicians to continually ask themselves 'was there a better way of saying that?' or 'how could I have demonstrated better active listening at that point?'. It also helps us know our own 'quirks' and mannerisms that may get in the way of building or maintaining an effective collaborative relationship. For all these reasons it is essential that trainees avail themselves of opportunities to be observed on placement, and the Programme lays down a minimum standard in regards to this, outlined below. Video-based recordings are generally the best means of doing this, but practicalities tend to mean that audio recordings are frequently used. Supervisors may also be able to observe directly during a 'live' session.

Of course, we also encourage trainees to observe their supervisors as well. Being exposed to a range of different approaches by different supervisors is a great aid to learning. Observational learning like this can also help familiarise trainees with complex or novel presentations, or different approaches to practice. The best cases of such learning will result, however, when such observations include subsequent reflection and discussion to account for the clinical decision making made by the supervisor during the interaction. Observation may include direct physical observation of a client, reviewing taped or recorded sessions completed by the supervisor, or use of a one-way screen.

Minimum Standards for Observation

> **In order to ensure that trainees receive sufficient opportunities for observations of practice, the programme requires that ~~as a minimum~~, within each placement:**
>
> - **All trainees receive three observations of their supervisor**
> - **All trainees receive three opportunities to be observed by their supervisor**
>
> **The supervisor is able to delegate these observations as appropriate, and for the avoidance of doubt an 'observation' includes use of audio/video recording in supervision.**

In addition to supervisory observations, the Programme also encourages trainees to embed themselves within the multidisciplinary team, and where possible to meet with and observe professionals from other multidisciplinary groups. It is important that psychologists understand the roles taken by other professional groups in order to understand the value of their own unique skillset and hence ability to contribute to the organisation.

5.7   Practicalities of Observations and Recording

We recommend that trainees get into the habit of recording sessions routinely for their own reflection and for reviewing in supervision. All trainees should be provided with an appropriate Dictaphone to use on placement. The provider of the Dictaphone will vary depending on the placement provider. The Dictaphone should be encrypted.

You will be given information on the process for recording sessions during your induction. There are however, there are two broad issues that must be considered: consent, and information governance.

Consent: It is important to familiarise yourself with the process for gaining consent and permission for recording sessions as laid down by the relevant placement provider. Generally, this involves use of a specific form to record such consent. Most trusts have their own form, but a UEA provided form is available if not. Of course, consent must be given voluntarily and the person consenting must have capacity to make this decision (or a best-interests decision be made if the person lacks capacity).

Information Governance: Recordings of sessions should be kept in accordance with the policies of the placement provider. This may cover both the use of the device, the requirements for storage of material recorded onto the device, and requirements for storage/transfer of the device itself. Where an encrypted device is provided, the encryption must be enabled. Where a device is not encrypted, this should be kept and carried utilising the same safeguards as paper clinical records. Dictaphone devices should not be routinely brought home by the trainee. In regards to data storage, in the absence of any specific policy to the contrary, we would advise trainees to only store digital recordings on secure network drives or encrypted memory sticks (approved for use in the relevant placement provider), and ensure that such recordings are deleted at the end of placement. Please seek guidance from your supervisor if you are not sure.

5.8   Using Clinical Material for UEA Assignments

In addition to obtaining consent for the routine recording of clinical sessions, trainees will need to obtain informed consent if they are to use clinical information for any assignment. This includes the presentation of cases in oral examinations, clinical practice reports, and the

recorded process report (RPR). There is a form available on Blackboard for this purpose. Please note this requirement is not solely intended to address concerns of confidentiality (i.e. that information given by a client should not be shared outside that agreed with the client unless there is a valid legal basis to the sharing), but also to ensure trainees use clinical material ethically in a more general sense, which requires clients to be aware of how information about them will be used. Of course, the university also expects trainees to respect confidentiality and present clinical material in an anonymised way – please see the academic handbook for more information on this.

5.9   Problems or Concerns on Placement?

Most placements proceed smoothly and trainees generally tell us in surveys that they have positive experiences on placement. We want all trainees to have positive experiences on placement, receiving high quality supervision and appropriate support. We want trainees to experience and observe clinical practice that reflects 'best practice', and which shows a high esteem placed on professional ethical responsibilities. However, the Programme recognises that problems or concerns do arise from time to time, and has therefore developed clear guidance for trainees in how to respond to or report such problems.

The way trainees should respond to problems on placement depends significantly on the nature of the problem or concern; for example whether there are questions or concerns about a supervisor's practice or the clinical safety or welfare of a client or client group. In all cases, we recognise that raising concerns can be difficult for trainees given the inherent power imbalance in the supervisory relationship. However, we remind trainees that throughout their professional career, appropriate ethical and professional practice will require them to make difficult decisions that may conflict with personal interests, and as such we expect trainees to raise concerns in a way that allows effective resolution. 'Speaking up' is an important part of professional development more widely, and the willingness to do so can act as an important safeguard against abusive clinical care – one need only look to the findings of the Winterbourne View, or Mid Staffordshire Enquiry – to find clear examples. Therefore, it is important as a Programme that we foster a culture where trainees feel that they can share problems and concerns, and so we will always endeavour to provide support to trainees doing this and ensure concerns are listened to and taken seriously.

For most problems or concerns in the supervisory relationship, the most appropriate forum for discussing these is in your regular supervision meetings with your clinical supervisor. An honest and open discussion can solve many problems. If trainees are concerned about raising issues with their supervisor, they can of course approach their advisor who can provide appropriate support or guidance. In any case, if issues are not resolved within an appropriate timeframe, the problem or concern should always be discussed with the trainee's advisor who can then take appropriate follow-up action. Once a resolution has been agreed, the advisor should monitor this throughout the remainder of the placement to ensure the problem remains resolved and will not occur in subsequent placements (for concerns that may be repeated, this should be reviewed through the placement monitoring processes, see section 6.2).

Trainees may need to take a different approach if their concerns are about a supervisor's practice or supervision, or a broader concern about professional practice on the placement, or are other concerns which risk impacting on clinical safety, or may mean that clients receive ineffective or potentially harmful clinical care. In such cases we advise trainees to

talk to Programme staff directly, either your advisor or the Senior Clinical Tutor – please also note the comments about the use of the UEA 'Issues of Concern' form and the section on Incident Reporting (section 5.10). In cases which are time critical and where the trainee cannot contact an appropriate person directly, any such concerns should be relayed to the PGR Service with an urgent message to contact the most senior member of the programme team available. As well as alerting the Programme, trainees may need to take other courses of action in parallel depending on local protocols and the nature of the situation. Trainees may also need to make senior management in the relevant organisation aware. Once the Programme team are aware of the issue, depending on the concern, the typical route would be for the issue to be reported to appropriate management within the organisation to take appropriate action. The action taken will be monitored and reviewed by senior Programme staff.

Whilst trainees are encouraged to communicate concerns with Programme staff in the most appropriate way to the circumstances, trainees can also report such concerns directly using an 'Issues of Concern' form available on Blackboard. If trainees report concerns to Programme staff without using a form, they may be asked to complete one of these forms later in the process. The form is then used by Programme staff to document the processes of subsequent monitoring and other action taken to resolve the situation. In many cases trainees may well need to follow local NHS 'incident reporting' protocol also (see 5.10).

Once appropriate steps have been taken to ensure clinical safety, the senior Programme team will then proceed to consider the impact on the trainee's placement. The appropriate solution will depend on the nature of concerns being raised. If the concerns suggest that a supervisor's practice does not meet the standards of the university, HCPC or BPS, the Programme will seek alternative supervision arrangements for the duration of the remainder of the placement. The Programme has a process by which supervisors may be removed from the 'pool' of available placements if concerns about their practice are raised. This may occur temporarily, without fault or blame being apportioned, if investigations are required to understand or substantiate the nature of the concerns. More detail about this process is given in section 6.2.

5.10   Incident Reporting

The NHS operates a clear framework for the reporting of Patient Safety concerns (https://improvement.nhs.uk/resources/report-patient-safety-incident/). NHS Improvement defines these incidents as 'any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare'. Note that this definition will include 'near misses' where no harm has occurred. Guidance on processes for reporting such incidents differ slightly between NHS trusts, and specific systems are often used (e.g. Datix). Trainees should be informed and should follow local processes for incident reporting early on in their placement. This process should be used, where appropriate, in parallel with the UEA incident reporting procedure above; completing a UEA 'Issues of Concern' form does not remove the need for a trainee to also complete a local incident report form.

6.0   Practice Placement Governance

6.1   How are new placements or supervisors identified and approved?

The programme has a robust process in place for the identification and approval of potential new placements. The full process is depicted in **Section 10.0 Appendix 2: Flowchart showing process for approval of a new placement**. Broadly, after the Programme is made aware of a potential new placement, the Programme will capture key information about the potential supervisor and placement using an online form. This information will include whether the supervisor has already completed appropriate UEA supervisor training; their HCPC registration status and number; and confirm their willingness to provide supervision according to expected standards. If the supervisor is a new supervisor in an existing (approved) placement base location, and the supervisor meets the required criteria, the placement can be approved. If the placement is in a new placement location, a placement evaluation form is completed to assess whether the physical and practical characteristics of the placement base location for hosting a training placement. This will include a site visit. If this is satisfactory, and the placement is hosted by an NHS trust either covered by the LDA (Learning and Development Agreement), or forms part of an organisations participating in an established UEA Placement Agreement, the placement can be approved by the Senior Clinical Tutor. If the placement is hosted outside the NHS (including international placements), then a UEA Risk Assessment is also completed, and a Placement Agreement Form (which confirms the willingness of the supervisor and organisation to host a trainee) is also completed. If outcomes from all these processes are satisfactory a Placement Approval Form is completed, and the placement can then be approved by the Senior Clinical Tutor.

Placement supervisors which have been approved by the Programme for meeting the required standards are recorded in a 'placement pool' database. Following this, supervisors in the placement pool may contact the Programme to update their details or change their availability for hosting a placement. The database is updated to record these changes.

6.2   How do we check placements continue to meet our standards?

Each spring, before the process of allocating placements for autumn begins, the following actions are carried out:

- Supervisors in the placement pool database are contacted and asked to update the Programme of any changes to their details or ability to host a placement (a redacted version of the placement pool database is shared).
- All HCPC registration numbers in the placement pool database are checked for active registration using the online register.

There are several points in the placement cycle during which supervisors who are allocated trainees are then asked to positively confirm that minimum placement and supervisory standards are continuing to be met:

- In the placement contract; supervisors have to confirm they will offer supervision according to minimum standards (section 2.5) and in accordance with BPS Supervision Guidelines.
- Before the Mid Placement Review, the trainee has to confirm they have received supervision according to minimum standards (section 2.5). The trainee is also asked to note specific agenda items for the MPR which may include raising any other problems or concerns. This is then checked and reviewed at the MPR by the advisor.

- At the end of placement, on the Evaluation of Clinical Competency form, the supervisor is required to confirm the supervision of the placement was delivered according to minimum standards.

The Programme then operates a robust audit and feedback process for reviewing the experience of trainees on placement:

- At any point in the placement, trainees or supervisors can complete a general placement feedback form and return this to the Programme. This form is optional.
- At the end of each placement, trainees are expected to complete a placement feedback form for their experience on placement. As well as including questions to assess the quality of a trainee's learning experience on placement, whether competency evaluation was carried out properly, questions about the quality and experience of supervision, the specific question 'do you have any concerns about this the service, placement or supervisor which were not addressed by the end?'. Outcomes from this survey are fed back to the Joint Programme Training Committee meeting in a placement audit. Issues which require addressing prior to this (e.g. specific concerns about a supervisor or placement being raised) are followed up appropriate by the Placement Tutor or Senior Clinical Tutor. A report is also issued to the Graduate School Executive within the University.
- In addition, as noted previously (section 5.9) we seek to develop a culture on the UEA ClinPsyD where trainees will report problems experienced on placement. If advisors note problems or concerns on a placement which have the potential to impact on the quality of a subsequent placement, the Senior Clinical Tutor will review this before the placement is allocated in the future.

At any point, if supervisors are identified as no longer meeting the requirements of the programme to act as practice placement supervisors, or there are reasonable grounds for doubt that they do, they Programme will remove the supervisor from the available supervisor/placement pool.

The supervisor will be removed for as long as required to establish whether or not the supervisor can meet the requirements of the programme. A supervisor who has been removed from the list may only be used for a future placement where the programme is satisfied that appropriate remedial action has been taken to allow the supervisor to provide effective supervision, meeting the requirements of the programme. If a supervisor has been removed following concerns being raised, it would ordinarily be expected that their next placement would be jointly supervised by an experienced supervisor.

7.0   Employment Matters

7.1   Funding Arrangements

For commissioned trainees, NHS HEE (Health Education England) fund trainees' salary and employment costs, as well as university fees. This is for a fixed three year period. Requests for extension of this funding for any reason are at the discretion of HEE on application on the trainee's behalf by the Programme.

International trainees are self-funded.

7.2   Line Management

Home trainees are employed by Cambridgeshire and Peterborough Mental Health Trust (CPFT). The CPFT Head of Psychology delegates line management duties to the ClinPsyD Programme Director. Some of these responsibilities are in turn delegated to the Senior Clinical Tutor and Advisors.

Non-commissioned trainees have a somewhat different status in terms of line management. However, for day to day matters, their advisor and Senior Clinical Tutor remain the first point of contact. Rules and regulations for non-commissioned students will be determined by the university and terms and conditions arising out of an honorary contract with the relevant NHS trust. In many cases, for example annual leave, the Programme will apply the same entitlements to non-commissioned trainees as those available to commissioned trainees.

7.3   Scope of Guidance

This guidance is not intended to replace NHS/Agenda for Change or CPFT Terms and Conditions, policies, or other guidance.

7.4   Annual Leave - Entitlements

Trainees are typically entitled to 27 days annual leave per year plus 8 bank holidays. Further leave entitlements may be available after longer periods of service, as defined in Agenda for Change Terms and Conditions. The annual leave year starts on the 1st April. Partial allowance for annual leave is calculated on a pro-rata basis where applicable, for example at the beginning and end of training.

The Programme team encourage trainees to take their full allowance of annual leave as it is an important way to maintain wellbeing in the midst of the demands of the programme. Minimum placement days are calculated to allow this. Trainees should normally have appropriate opportunity to plan annual leave within placement, and therefore cannot carry this across to the next leave year. It is not normally expected that trainees carry annual leave over unless there are exceptional circumstances meeting requirements of the CPFT policy. Approval is required from the Senior Clinical Tutor in this instance, and requests should be made in advance of the end of the leave year. Approval may be given to a whole cohort to carry over annual leave depending on the configuration of Spring placements and teaching block, to allow trainees to use their annual leave at the end of the Autumn placement.

Any days taken as holiday must be declared as annual leave (including study days). Therefore a one week holiday requires five days of annual leave to be used including placement days and study days. Applications of leave for whole weeks not including the study day may be queried.

7.5   Annual Leave – Planning and Recording

Trainees must discuss plans to take leave with their placement supervisor and give them as much notice as possible.   This is a matter of negotiation and not an expectation that all

requests will be authorised automatically. We advise trainees to split their leave evenly across the leave year where possible.

Trainees are required to record all types of leave. Trainees receive their new annual leave cards from the PGR Service at the start of every academic year. All leave must be authorised with an appropriate signature; this is:

- Placement supervisor for placement days with a counter-signature from the trainee's advisor
- Trainee's advisor for study days.

The leave card must be handed in to the PGR Service at the end of each placement in a timely fashion. The admin team will record all the leave taken by the trainee, including the percentage of their attendance (please note that it is the trainee's responsibility to monitor placement attendance to ensure that is does not fall below minimum placement days for each placement).

7.6   Leave on Teaching Days

Trainees are not permitted to take leave during teaching days. It is recognised that there may be exceptional circumstances when a trainee may need to take leave on a teaching day and in such special cases, the trainee must contact the Senior Clinical Tutor by email clearly detailing the circumstances surrounding the request. Please attach a copy of the email trail to your leave card, if the leave has been authorised, for countersigning by the advisor.

7.7   Sickness

If a Trainee is unwell and unable to work, they need to inform the PGR Service on the first day of sickness and it is also important to advise the Team when you return to work. In addition, trainees must also inform their Clinical Practice Placement Supervisor if they are unable to work on a clinical practice placement day. Trainees are required to complete a P6 form (obtainable from Blackboard) for every period of sickness absence and return this form back to the PGR Service. A self-certificate is required from the first day of sickness to the seventh day of sickness. Longer periods of sick leave require a doctor's certificate.

Upon return to work, trainees are required to complete a Return to Work Interview. If only placement days have been missed, this can be completed by the placement supervisor. However, a record of the Return to Work Interview should be submitted to the advisor. In any other case the Return to Work Interview should be completed by the advisor or Senior Clinical Tutor. The Return to Work Interview can be conducted by telephone if agreed by the trainee.

Sickness absence is centrally monitored by CPFT and UEA and regular updates are provided to the Senior Clinical Tutor. Should this identify any of the short or long term 'trigger' points within the sickness policy being activated, the Senior Clinical Tutor will arrange a sickness review as detailed in the CPFT policy. The Programme may also query unusual patterns of sickness (e.g. a period of annual leave on placement days surrounding a sickness absence on a teaching day).

Failure to provide proper reports on sickness absence or provide the required documentation may lead to disciplinary action. Please also note that false reporting of

sickness absence may constitute fraud, and the Programme team may have an obligation to report and such cases to the NHS Local Counter Fraud team.

If sickness absence continues for a longer period impacting on the likely ability of a trainee to return and complete their placement successfully, this may need to be considered within the university's intercalation framework. Typically, intercalating trainees, depending on the period of intercalation, are expected to return 'in synch' with their cohort or another cohort.

7.8   Other Leave

Trainees may be eligible to take other types of leave, as detailed in the CPFT leave policy. However such requests would also need to be considered in terms of academic guidelines. For all other types of leave, a request should be made by email to Dr Peter Beazley (as Senior Clinical Tutor) stating the reason and this will be considered in line with CPFT and UEA policy.

In all cases, please note that the programme does not offer a part-time study option and maintains a strict policy of placement-teaching synchronization.

7.9   Study Days

Trainees are expected to work from home, at a library or at UEA on study days, and should be contactable by email or telephone. Study days may also be used to collect research data. Please note that "home" is a trainee's registered UK address held on UEA records and that trainees are responsible for keeping their address up to date through their UEA E.Vision account.

> **Trainees may wish to note that from Autumn 2019 the Doctoral College in Constable Terrace includes a specific study area dedicated for PGR students only.**

7.10   Travel Expenses

As employees of the NHS, commissioned trainees can claim Travel Expenses in line with NHS Terms and Conditions of service, incurred wholly, exclusively and necessarily in the performance of the duties of their employment. The Programme is working to try to secure agreement to allow international trainees to claim travel expenses, and there has been some positive progress in this, but this is not yet available universally.

Important: please complete travel expenses claims in a timely fashion. Please note that whilst the PGR Service are responsible for processing claims for travel they have only very limited time available to commit to this task. Therefore trainees are strongly encouraged to get their expense claims to the PGR Service well before the PGR deadlines stated on Blackboard. Failure to submit claims for travel in line with PGR deadlines will mean that Serco submission deadlines are likely to be missed. **All travel expenses must be received by Serco within three months of the expense being incurred, which includes the time taken by the PGR Service to process the expense claim.**

A trainee's base for travel expense purposes changes and becomes the placement address for each of the six placements, and then changes again to UEA whilst trainees are on block teaching. This applies in all circumstances including if a trainee's placement is located

outside their base area. A trainee cannot claim for expenses between home and base; nor can they claim for parking expenses at their base (trainees who are on a placement where paid or permit parking is available are encouraged to make enquiries to seek permit parking).

CPFT requires that a P3 form is completed by the trainee stating the changing of placement address and the dates of the placement every time there is a change in base. The P3 needs to be submitted to the PGR Service for authorisation and onward submission to CPFT.

For all expense claims, original receipts are required. Credit card vouchers are not acceptable as a substitute for a receipt.

7.11   Professional Indemnity Insurance

We recommend all trainees obtain professional indemnity insurance. For commissioned trainees, the public liability insurance of the employer should extend to the activities of the trainee, but in the event of a claim please note that legal representation may be aimed at covering the employer's interests rather than those of the trainee. Further, professional indemnity insurance may provide a different base of cover than your employer's public liability, including protecting you in the case of claims following negative consequences of your own practice. Two firms that frequently advertise are Howden or Towergate, though the Programme provides no endorsement of either firm and other companies may be available.

Appropriate indemnity insurance is a requirement for all non-commissioned trainees and as such a requirement for all international trainees. Some NHS trusts require proof of this before they can offer an honorary contract for placements.

7.12   Other Employment

The Programme does not permit trainees to take on other employment whilst registered for the ClinPsyD programme. Trainees must decline any approaches to undertake private work of any kind.

8.0   Sources of Support

8.1   Supporting Yourself on the Programme

Training as a clinical psychologist is emotionally and academically demanding. During training, and later as a qualified clinical psychologist, it is important that help and support are sought when necessary. There are many sources of support open to trainees.

8.2   Support from the BPS

One significant source of support can be found through the various groups and faculties that make up the BPS (British Psychological Society). The BPS is the professional body representing psychologists. Membership provides trainees with access to the DCP (Division of Clinical Psychology), as well as specialist trainee events, forums and information. Meeting with other clinical psychologists and trainees from different areas can help one to feel connected to the 'wider profession' which can be important for many trainees.

8.3   The Advisor System on the ClinPsyD

Advisors are arguably the most obvious source of support for trainees during their time in training. All Trainees are allocated an Advisor, a member of the programme team, responsible for advising the trainee and monitoring their work throughout training. They do this through regular meetings including appraisal meetings and mid-placement reviews – in total there would ordinarily be at least six opportunities to meet with your advisor each year (three termly meetings; two placement visits; one appraisal). Space for advisor meetings is specifically given in the timetable once per term. Between these times advisors can be contacted by telephone or email and/or meetings can be arranged as necessary, bearing in mind that advisors would not generally be expected to meet with trainees more than once a month.

Advisors will generally stay allocated to a specific trainee for the full three years of their training, but this can change owing to changes in staff working patterns or changes in the staff team.

The Advisor:

- Is the first point of contact for the Trainee for all queries about the programme
- Monitors the progress and competency development of the trainee on all components of the programme
- Oversees the trainee's academic and clinical work and assists in fostering links between clinical and academic work
- Is responsibility for identifying particular training needs

The Advisor is responsible for:

- Conducting Initial Placement Meetings and Mid Placement Reviews with the trainee and the clinical practice placement supervisor(s).
- Conducting yearly appraisal meetings (Section 3.3)
- Providing feedback on a draft of one assignment prior to submission for assessment. This needs to be negotiated with the advisor to allow time for the advisor to read the draft and provide comments. Feedback on drafts of work will normally be returned within two weeks. The role of the advisor is to provide *feedback,* not to *edit* the work. Advice is not given on whether it will pass; decisions on pass/fail are made by examiners.
- Advisors can provide general guidance on other assignments, such as discussions regarding the suitability of a case for use in a case report.
- To be the UEA link with clinical supervisors in the conduct of the service related projects which are not linked to the thesis.
- Trainees may also request from advisors a supporting statement in the event that an extenuating circumstances form is submitted to the Extenuating Circumstances Panel.

Advisors should respond to communications within two working days of receiving them. Please note that many members of staff are part-time at UEA and the two working days are calculated with regard to their whole time equivalent employment with UEA. If a trainee experiences an acute event that requires urgent intervention and requires to contact their Advisor (or another member of Programme staff) they are advised to telephone the PGR Service directly. The PGR Programme manager will contact an appropriate member of staff.

Advisors will generally keep records of meetings. Information shared with advisors may be shared with team members or other involved professionals (e.g. placement supervisors) on a 'need to know' basis, ordinarily with the approval of the trainee. Much information shared in advisor meetings, or at least the broad detail of such information, can be relevant in many ways to different aspects of a trainee's performance on the programme. If you want to tell your advisor something which you would not like to be shared with anybody, please make this clear to your advisor. Where possible, this will be respected, but please remember that the advisor will have obligations to support your health and wellbeing, as well as the health and wellbeing of those you are working with. At times, this may necessitate a disclosure. Where possible, we will explain to you how we will do this and why and try to work with you to agree a plan for sharing such information. Please do remember the advisor is not acting as a therapist.

8.4 The Year Tutor

Each cohort is allocated a Year Tutor, who remains with the cohort through the three years of training where possible. The role of a Year Tutor includes:

- Facilitation of 'Reflect and Review' meetings at the end of each term, and also to review each teaching block.
- Provide a general channel of communication between the cohort as a whole and staff group.

8.5 Personal Support Tutors

PSTs are available to all trainees for additional support, and are allocated on an opt-in basis. We encourage all trainees, however, to take up the offer of a PST, even if they do not regularly meet with them. PSTs are Clinical Psychologists in the region who will not be a clinical practice placement Supervisor for that trainee. Trainees may discuss any aspect of their training or personal circumstance with PSTs, although PSTs would not provide personal therapy for trainees. They could, however, be in a position to provide advice on other sources of help if necessary.

Whilst PSTs would normally signpost trainees to Programme staff for practical issues that they can more appropriately dealt with, in the main, PSTs will not make any contact with the programme team unless requested to do so by the Trainee. However, there may be specific occasions when the PST will feel the need to do so without the Trainee's consent. These are if there is risk of harm to the Trainee or another person, if the PST needs to seek additional professional advice or support from a colleague, if there is a Fitness to Practice issue, or where there is a possibility that professional misconduct has occurred.

8.6 Departmental Wellbeing Lead

From Autumn 2019, the Department of Clinical Psychology and Psychological Therapies (of which the ClinPsyD programme is part) has appointed a Wellbeing Lead – Dr Imogen Rushworth. The role of the wellbeing lead is not intended to replace the many other support systems that are already well established (e.g. advisors and PSTs) but rather to coordinate

and support wellbeing developments from a strategic standpoint. We anticipate that the role will develop over the coming year.

8.7   University Student Support Service

The university Student Support Service is located between Waterstones and the SU Building, and is available for all ClinPsyD trainees. The Student Support Service reception desk and information team is the initial contact for a wide range of issues. They will be able to make appointments with the relevant service within the Student Support Service.

Services include wellbeing and mental health services. Students with a wide range of wellbeing difficulties access this service whether it be for exam stress or for support for a longer term mental health condition. The service shares good links to local services and can offer in-house support. UEA in collaboration with the Students Union is currently conducting the courage wellbeing project which is researching and piloting innovative approaches to support mental health and wellbeing in postgraduate research students (www.uea.su/postgraduate/courage/)

The disability team is also located in the Student Support Service. They support people with a broad range of long term physical health conditions, intellectual disabilities and learning difficulties. If you have a long term health condition or a specific learning disability such as dyslexia you may be entitled to apply for reasonable adjustments and support while you are a student.

The wellbeing and disability team can also support students who are going through fitness to study and fitness to practice concerns. The Student Support Service office also offers support around a wide range of areas including money problems and international student support.

The Learning Enhancement Team (LET) provide expert guidance on study skills, academic writing and the mathematical and statistical aspects of courses. Students do not need to be academically struggling to access this support but can use it to further enhance their study skills. The LET services are confidential and independent from any support offered within the School.

8.8   UEA Nightline

The UEA Nightline is a confidential listening service funded by the Students' Union and run by UEA students. Calls can be made between 8.00pm and 8.00am during term time. UEA Students can access this service if they are lonely, worried or just need someone to talk to. The phone number is 01603 503504 (or search UEA portal for 'Nightline').

8.9   NHS Support Systems – Occupational Health

CPFT employees are able to access their Occupational Health service, which is run by a company called Optima Health. The email address for contact is: ang-sa.Occupationalhealth@nhs.net

The advisor or Senior Clinical Tutor can refer employees to this service if required.

8.10   NHS Support Systems – Insight Confidential Counselling

CPFT employees can also access Insight Confidential Counselling. Insight Wellbeing at Work provide a free, 24 hour confidential counselling helpline to support you with any personal or work related issues that are causing you concern or distress. Calls are answered by qualified, experienced counsellors who are able to provide immediate support or advice. They will also work with you to determine whether you might benefit from further support, which could include pre-arranged calls, guided self-help or a course of counselling or other therapy. Impartial legal and financial advice is also provided and can be accessed through the helpline.

9.0   Appendix 1: Flowchart for Passing/Failing Placement

Has the trainee (or by end of placement, will the trainee...)

- Met required competencies of placement
- Completed sufficient clinical work
- Met 80% minimum placement attendance requirement

Yes → **Placement can be passed**

No → No – trainee did not meet required competencies, or complete sufficient clinical work

Competencies and workload met, but below 80% attendance

Involve Senior Course Team

Can additional days for placement be satisfactorily made up - for example by:

- Additional days before end of placement
- Additional days added onto later placement (e.g. specialist placement)

Consider:
- Individual circumstances and events
- Previous placement attendance
- Impact on subsequent placements
- Impact on trainee
- Impact on programme of training

Yes → **Placement can be passed**

No → **Supervisor must refer placement to board**

10.0 Appendix 2: Flowchart showing process for approval of a new placement

UEA Clinical Psychology Programme: New Placement Approval Process

Programme identifies/ is made aware of possible new placement

Ask supervisor to complete Google Form capturing basic placement information

Is the service/physical placement location already known to the programme and on our master placement database?

Yes →

Check supervisor declarations to ensure supervisor meets minimum standards for professional registration, supervision training, ability to provide supervision

Supervisor meets minimum standards

Minimum standards not met

No, or changes are anticipated to nature of placement

Complete UEA Clinical Psychology New Placement Evaluation form and site visit

Outcome – placement /supervisor is unsuitable

Outcome – placement/supervisor is suitable

Placement is not approved

Will the placement organisation hosting the placement be covered by the LDA*?

No | **Yes**

Unsatisfactory outcome

Complete UEA Risk Assessment and Placement Agreement form

Placement can be approved

Complete UEA Placement Approval Form

Satisfactory outcome

*LDA Learning and Development Agreement for NHS placements

Post approval actions:
- Offer supervisor training if necessary (ensure UEA Supervisory training has been or will be completed before placement is utilised).
- Flag placement on placement allocations spreadsheet to ensure initial placement visit occurs
- Add or amend supervisor/placement details on master placement database