Doctorate in Clinical Psychology

Programme Handbook 2016

Leading to eligibility to register with the Health and Care Professions Council and Chartered Status with the British Psychological Society’s Division of Clinical Psychology

Faculty of Health and Human Sciences

School of Psychology
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Welcome

Welcome to the Doctorate in Clinical Psychology at Plymouth University and to the South West.

We welcome you at a time of considerable change and development within the profession of Clinical Psychology, both nationally and within the South West. This is an exciting time to be joining our Programme. National arrangements for commissioning both training provision and clinical services have recently transformed the future landscape of health and social care as we work towards a sustainable future. As a profession we are exploring new ways of working while the National Health Service (NHS) continues to scrutinise and modernise its practices. The provision of mental health services by independent organisations is having a substantial impact on the role of clinical psychologists and your training will prepare you to work flexibly and influence future developments in promoting psychological health and wellbeing.

The Doctorate Programme is integrated within the School of Psychology. Earlier this year we moved into new premises and hope you will all come to feel at home and welcome here. The School environment has created exciting opportunities to enhance your postgraduate experience through exploring academic, clinical and research synergies and opportunities for interdisciplinary learning. As you begin your journey on the Doctorate in Clinical Psychology training course at Plymouth, you will be arriving with your personal resources of knowledge and skills developed through your own studies, work and life experiences. Over the three years of training, the course will help you build on your personal skills and strengths through the development of clinical theory and practice. The course operates an adult learner model, which seeks to promote a respectful and collaborative learning process that will acknowledge your prior skills and facilitate you as an active partner in the learning process.

Clinical Psychology training is challenging both personally and professionally, requiring academic, clinical and reflective skills. The training course over three years will be demanding and will invariably absorb a large part of your life. We recognise that inevitably most of you will experience significant life events and challenges during this period. Consequently we have a number of personal and professional support systems in place, including Clinical Tutors who are also your Appraisal Tutors, Academic Tutors and Mentors.

Though the majority of your learning at Plymouth University will take place in your whole cohort group we encourage contact across the year groups to offer you the opportunity to share ideas and benefit from the experience and support of those who go before you! Plymouth University takes pride in innovative pedagogy. Learning also occurs in smaller reflective groups, Problem Based Learning, workshops, e-learning and distance learning activities.
The course content reflects national developments in clinical psychology training towards a competence based model of training. There is an emphasis placed on reflexive practice, an integrative approach to psychological therapies and a multi-level clinical perspective, including a strong emphasis on social determinants of health. We recognise that clinical psychologists also need to look after themselves to develop personal resilience and remain compassionate in their work. You will be aware from your selection interview that the Plymouth programme welcomes the involvement of service receivers in all aspects of its delivery.

In May of your first year we shall be engaging with an accreditation visit from the British Psychological Society and anticipate that many of you will take an active role in this. We also strongly encourage trainees to join the BPS and engage with the governance and professionalism that it provides for clinical psychology.

This Programme Handbook provides a guide to the training course. The Handbook outlines the course philosophy, structure, content and the course work requirements. It is important to read this to inform yourself of the nature of the journey you are undertaking. We hope that it contains everything you need to know about the programme – so always consult the appropriate section of the Handbook before asking a member of the administrative/programme team for information. Training is a dynamic process that is responsive both to previous cohorts’ experience and to developments at a national, regional and local level. Therefore we try to be fluid and adapt to feedback and hence the content of training is likely to change to some extent over the three years. It is important to be aware that there may be changes introduced during your time at Plymouth but you will be fully involved in any developments that occur.

Plymouth is a lively city abutting the moors and coast and has benefited from a period of rapid redevelopment. The University itself has achieved well in terms of research outputs and we benefit from access to research centres linking us to colleagues in our School and Faculty as well as reaching out to other allied health disciplines and the medical and dental schools. This University also values social enterprise and we encourage you to engage with the wider community through innovative placement opportunities.

We welcome you very warmly to the course and very much look forward to working with you over the next three years and to see you receive your Doctorate at the end of them. As a staff team we hope to share your journey and to help you through the rough and challenging places on the road as well as celebrating your many successes along the way.

With good wishes,

**The Course Team**
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Disability Information

Important: please note

If you have a disability
The University is very supportive of students with disabilities, and year–on-year we are making adjustments to assist students with special needs. It may be that we have already put in place changes which will assist you – but unless we know what your needs might be, we cannot guarantee that that will be the case. If we can identify your needs sufficiently far in advance of when you intend to start a course at the University, we are better able to put in place appropriate arrangements – or, if there is a health and safety issue or an issue about the expectations of students on the course, to advise you on alternative options. However, we may not be able to do so if we do not know in advance.

If you have not told us about your disability
Please do contact the University’s Disability Assist Services on Plymouth 01752 587676 to discuss your needs. While we are making reasonable adjustments to our provision, we may not be able to meet your individual needs if we do not have the opportunity to assess them in advance, and that could impact negatively on your experience on the course or even your ability to take up your place.

If you have told us about your disability
You may be asked for additional information or invited to attend an interview with Disability Assist Services. This is in order that we can properly assess your individual needs and ensure that we have the best possible chance of meeting them. Please do provide any information requested and come in to see staff if asked to do so, since otherwise you – and we - could find ourselves in a position in which it is difficult or even unsafe for you to take up your place.

So please tell us about any disability – even if you do not think it will affect you while you are at the University – and respond positively to any requests for further details or for an information interview. If you do not do so, you may find yourself unable to take up your place or unable to complete the course because we have not been able adequately to meet your particular needs.

Disability Resources and Contacts

These resources are held by the Doctorate in Clinical Psychology programme and can be assessed via Michele Thomas on michele.thomas@plymouth.ac.uk  tel: 01752 586701
Organisations

Disability Assist Services (DAS) – Plymouth University offers advice and guidance on disability to current and potential trainees and staff. The Disability Advisory reception and drop in for students has relocated to an exciting new area alongside Gateway on the ground floor of the Roland Levinsky building. Please see the website for more information or telephone 01752 587676 www.plymouth.ac.uk/disability

Equality and Human Rights Commission http://www.equalityhumanrights.com
This organisation was previously the Disability Rights Commission and can give help and advice on the law relating to The Disability Discrimination Act and all equality issues.

Access to Work – a government body which employers can apply to for funding to make work accessible to employees. Grants are often made for alterations to premises or equipment. AtW is administered by Job Centre Plus.

The Centre for Excellence in Professional Placement Learning (CEPPL) Plymouth University. They have produced a useful resource list of disability resources which includes publications, projects and organisations. CEPPL can be contacted on http://www.plymouth.ac.uk/cetl/placement

The Health and Care Professions Council produce a booklet entitled ‘the Disabled Persons Guide to becoming a Health and Care Professional’ www.hcpc-uk.org

Documents which might be useful:

What Happens Next – this is a flow chart produced by Disability Assist Services to explain the process involved in applying for a needs assessment and getting funding for specialist equipment/study support. Useful for trainees when first declaring a disability.

BPS Document on Good Practice to Promote and Support People with Disabilities within the Profession. A report written by the BPS to help courses avoid discriminatory practices and to summarise good practice employed by some training programmes. It gives a list of key action points for courses.

Guidance for staff to support the Admissions Process for Disabled Applicants. A document produced by Disability Assist Services in Plymouth with details of the university’s responsibilities and procedures.

Understanding the Disability Discrimination Act. A booklet produced by the Disability Rights Commission before it became The Equality and Human Rights Commission (see above). NB this document is not available from Emma or Michele but can be obtained from EHRC above. Inclusive Practice within Psychology Higher Education by N Craig & L
Zinckiewicz, The Higher Education Academy Psychology Network (2010). This is essential reading for all interested in promoting equal opportunities for psychologists with disabilities. There is a lot of data, policies and good advice, including constructively critical reflections on the Fitness to Practise issue.

**Dyslexia**

**Working with Dyslexia on Placement.** A really useful sheet produced by our own trainees with tips for supervisors on supporting trainees on placement.

**Supporting Dyslexic Students on Practice Placements.** A helpful document produced by the University of Southampton to help students with dyslexia, and their supervisors, on health related placements. [www.soton.ac.uk/studentsupport/ldc](http://www.soton.ac.uk/studentsupport/ldc)

**Clinical Psychology Training and Dyslexia: Two perspectives.** 2002 paper by Jane Vinnicombe and David Sperlinger.

**Students’ Union**

Plymouth University’s Students’ Union (UPSU) is a charitable organisation, run by students for students and lead by a team of 5 elected student officers. Many people would associate the Students’ Union with a place to have a drink and meet friends, but UPSU is so much more than just a bar, offering a variety of events, services and extracurricular activities to ensure you have the best University experience you can.

**Representation**

UPSU’s main purpose is to represent students, working for you to defend and extend the rights of students, be it on campus, locally or nationally. On campus, elected officers sit on important University meetings to ensure that the needs of students are always considered, as well as being an open door to students with problems. Locally, we have dedicated staff members who travel to University Partner Colleges, to ensure students there are well represented. While nationally, we work with the National Union of Students and other Students’ Unions, to ensure the student voice is heard.

**Advice**

UPSU offers a free, confidential and most importantly independent advice service. We have a number of trained advisors who can help with all sorts of issues, be it personal, financial or academic and will always offer a friendly face and listening ear. The advice centre is situated on the 1st floor of the Students’ Union and is open 9.30am-4.30pm, Monday to Friday.
Volunteering

The Students’ Union has a busy volunteering department, offering a broad range of volunteering opportunities and sign posting to more specific and course related volunteering. Volunteering is a brilliant way of gaining experience, boosting your employability, having fun and of course balancing karma! From online mentoring to getting muddy at the monkey sanctuary, there is a volunteer opportunity to suit everyone.

Sports and Societies

Whether it is chasing a ball around a pitch, shooting arrows or appreciating a good ale, UPSU has over 100 clubs and societies to choose from. Clubs and Societies are a brilliant way of getting to meet new people, pursue a hobby or try something completely new. We also have a large number of course specific societies, which offer support, interesting guest lectures and of course fun. To find out more information on clubs and societies and how to join, come along to the Sports and Societies Fair during then Welcome Weeks in September, or to The Hive in the Students’ Union.

PLYMOUTH UNIVERSITY – COURSE REPRESENTATIVES

What is a Course Rep?

A course rep is elected for each year group on the Programme to represent the views of the trainees. They pro-actively seek out and identify student views on matters relating to the student experience, and in turn, represent these views at various meetings relating both to the Doctorate Programme in Clinical Psychology and also serving as a link to the broader school. The trainee reps will be supported by Prof Jackie Andrade, Student Advocate for the School of Psychology, to be as effective as possible in communicating between the student body, the School and wider University. This also provides an opportunity for trainees to understand issues arising for undergraduate and masters level students and to provide support, advice and encouragement regarding the pursuit of clinical psychology as a career. For our 3 Programme Reps the Student Advocate provides a conduit for raising general 'student' issues with the School, for example, relating to library provision, teaching facilities and information technology. Our reps would be expected to attend Teaching and Learning Committee meetings with members of the Programme Team, usually with the whole cohort present. Here issues can be identified, and where possible resolved, within the Programme. The reps also attend Programme Committee meetings which are specific to the DClinPsy and there would also be opportunities to attend the School Teaching and Learning Committee. Reps should feedback the outcome of meetings they attend to their course members. Staff are keen to have trainee input to these meetings, and use student views as an important tool in monitoring student experiences.
and making changes to improve the quality of the education they provide. Course reps provide an essential link between the student body and the University.

**What are the benefits of being a course rep?**

Being a course rep is a fantastic opportunity to make positive changes to both your course, and the University. The role facilitates integration and communication within our School. In today’s world where education is paid for, it is important to have an opportunity to voice concerns, and directly influence the service that is received. Being a course rep can increase an individual’s employability by gaining key transferable skills, the time that you put in also counts towards the University’s Plymouth Award – please see below.
THE PLYMOUTH AWARD

The Plymouth Award is designed to recognise and celebrate student achievements outside the curriculum. Many Plymouth University students already make significant contributions to the life of the University and the communities in which they live and work. The Plymouth Award is one way of recognising the value that we place on these contributions and the learning and personal growth that students gain from these activities. Further information can be found at www.plymouth.ac.uk/plymouthaward

STUDENT E-MAIL AND DATA STORAGE

During July 2011 the University moved its student Exchange email service to a cloud-based email and data storage service using Microsoft’s live@edu service. This email system also includes a Sky Drive for saving files.

This provides our trainees with a number of productivity and collaboration tools, including a 10GB mailbox, 25GB of online file storage, calendaring, and shared online documents using Office Web apps. As the service is browser based, trainees will continue to be able to access all of these services from virtually any computer or mobile device with an Internet connection.

The service is based on the familiar Outlook Web Access, but visit https://student.plymouth.ac.uk/ithelp/students/upcloud/SitePages/Home.aspx for further information.

For further IT information and advice, please visit the Quick Guides which can be found at https://dle.plymouth.ac.uk/.
Disclaimer

Please note:

All students undertaking programmes delivered by the Faculty of Health and Human Sciences are reminded that any alteration to University documentation, including practise portfolios, involving forgery/falsification of a mentor’s comments or signature/initalling will be investigated. This investigation could lead to disciplinary action, which may lead to a student being unable to achieve professional registration.

All the information in this handbook is correct at the time of uploading. Courses are regularly reviewed and updated so details may change. Occasionally a module listed in the handbook may be replaced or withdrawn.

Plymouth University is proud of its teaching and research and it undertakes all reasonable steps to provide educational services in the manner set out in this handbook and in any documents referred to within it. It does not, however, guarantee the provision of such services. Should industrial action or circumstances beyond the control of the University interfere with its ability to provide education services, the University undertakes to use all reasonable steps to minimise the resultant disruption to those services.

Disclosure Barring Service

A satisfactory enhanced Disclosure Barring Service (DBS) declaration is required to enter the Doctorate in Clinical Psychology (see entry requirements). Students must declare if their criminal status has changed since their interviews as this may jeopardise their ability to undertake the practical elements of the programme and registration with the Health and Care Professions Council (HCPC). All students must also immediately inform Plymouth University of any changes to their criminal/occupational health status that occur throughout the academic year.

You must keep your copy of the DBS report as you may be requested to provide this when in placement.
Useful Information

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Plymouth University, Plymouth
PL4 8AA
Name: Annie Mitchell
Telephone: 01752 586657

Research Director
Office: room 102
8, Kirkby Place
Plymouth University, Plymouth
PL4 8AA
Name: Prof Rudi Dallos
Telephone: 01752 586656

Library contact number and opening hours
Telephone: 01752 588588
Opening hours: - 24/7 for general library use
Information desk – Mon to Fri 09:00 to 17:00 – all other times subject to staff availability

Customer Services Centre
(for IT and Library support)
contact number
Telephone: 01752 588588 or 01752 588900
Section One: Information about your Programme and the British Psychological Society

Award Title:

Successful completion of the programme leads to the award of Doctorate in Clinical Psychology

The Doctorate in Clinical Psychology is an academic qualification which will allow application for registration with the Health and Care Professions Council (HCPC) as a Clinical Psychologist and enable trainees to gain chartered status with the British Psychological Society (BPS). Development of the award has been through careful, ongoing collaboration between the academic staff, local clinical psychology services, the National Health Service (NHS), the Local Education Training Board (Health Education South West, HESW), the BPS Division of Clinical Psychology (Committee for Training in Clinical Psychology – CTCP), the Health and Care Professions Council and trainee and service receiver representatives.

Programme Accreditation and Approval: the programme is approved by The Health and Care Professions Council and accredited by the British Psychological Society. The content of the programme is carefully aligned with the criteria detailed by the Heath and Care Professions Council for Clinical Psychologists and also the guidelines of the British Psychological Society incorporating the NHS Knowledge and Skills Framework and the ten Essential Shared Capabilities.

Academic Regulations:

The Plymouth University, Faculty of Health and Human Sciences and The School of Psychology Regulations that govern this programme can be found at the website address provided below. You may refer to these regulations at any time during your programme of study. These regulations are updated on a regular basis and are therefore kept centrally and include a number of key documents.

http://www.plymouth.ac.uk/studenthandbook

- Assessment Regulations
- Examination and Assessment Offences
- Regulations on Late Programme work and Extenuating Circumstances

In addition to academic regulations, students on health professional programmes of study are also subject to codes of professional behaviour. These relate to the honesty, integrity and professional behaviour expected of you when you become an HCPC registered and BPS Chartered Clinical Psychologist. A breach of an academic
regulation may therefore have more serious consequences for you as a trainee on this programme as it could affect your future registration.

**Who’s Who : The Programme Team and our roles.**

<table>
<thead>
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<th>Names of Key Contacts</th>
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</tbody>
</table>
Background to the Plymouth Programme

Plymouth University has been providing accredited clinical psychology training across the South West Region since 1982. It was first approved as a two-year MSc, in line with recognised training pathways at that time, and subsequently redesigned and approved by the Society as a three-year programme in September 1987. The approval documents for the new three-year programme included the unique proposal to change the award from an MSc to a Doctorate in Clinical Psychology. This new degree was first awarded to the 1987 cohort of trainees. The doctoral degree which was pioneered by Plymouth and the University of Bangor, North Wales, is now awarded by all UK Clinical Psychology training Programmes – and is recognised as the required entry level for Registration with the Health and Care Professions Council.

In 2010, the Plymouth Doctorate in Clinical Psychology Programme became the first in the country to undergo a successful joint appraisal by both the British Psychological Society and Health and Care Professions Council. Bringing you up to date with the present, in 2011 the Plymouth and Exeter programmes worked together to secure the tender to continue to provide high...
quality clinical psychology training in the South West for a period of five years. We hope this partnership arrangement will benefit trainees from both programmes. Since April 2013 the commissioning of training is no longer undertaken by the former local health authorities and responsibility has been transferred to the South West Training and Education Board (Health Education South West). The Plymouth programme is currently commissioned by Health Education South West (HESW) and trainees are employed by Taunton and Somerset NHS Trust as an agency employer on behalf of HESW.

**Membership of the British Psychological Society**

We strongly recommend that you consider the advantages of joining our Professional Body, the British Psychological Society. Please refer to Appendix 4A in the General Administration folder for information which has been produced by the BPS to explain why you should join:
Section Two: Academic Module and Programme Philosophy

Teaching Arrangements

The teaching is inter-woven throughout the year between placement experience in the NHS, teaching located at the University and various forms of learning including ‘distance study’ at your own home base. Initially there is a block of teaching in the autumn teaching block and another at the beginning of year two. Teaching days will mostly be based at the University, especially in the first and second years of your programme. The curriculum has been designed to provide you with the core knowledge and skills that you will require to commence the two placements; child and family and intellectual disability in the first year and adult and older adult in the second year. In the third year the teaching includes preparation for your post-qualifying work as well as optional topics. As the year progresses clinical placement experience becomes the major activity but with teaching sessions at the University, distance teaching, problem based learning and individual study interspersed. The aim is to offer you a good integration of theory and practice so that you understand and experience change and development in clients. Along with this you should be able to reflect critically on theories and models of change in clinical psychology. It will also enable you to experience how various important factors, such as social contexts, diversity and inequality, are played out in the lives of the clients with whom you will be working.

The University-based teaching will take place on the main University campus in the City Centre of Plymouth. Whenever possible we hope that your teaching can take place in our base at Kirkby Place. However, across the campus the facilities include good quality teaching rooms and seminar rooms, visual and auditory recording suites and larger lecture theatres for major teaching and Continuing Professional Development (CPD) events. Generally we try to make dedicated breakout rooms available for teaching sessions. However, there are a number of quiet seated areas in some buildings, outside space (weather permitting) and café areas that could be used for smaller group work. Learning at the University is facilitated through interactive workshops, formal lectures, small group exercises, role-play, problem-based learning exercises, observation of recorded videos of clinical sessions, live video recording/feedback, experiential and reflective sessions, interactive computer sessions and many opportunities for lively debate both face-to-face and on-line. The campus is also well supplied with pleasant places to eat and there is also easy access to the nearby city centre.

2.1 Course Philosophy

2.1.1 Plymouth University DClinPsy Programme Philosophy

Our Programme philosophy has 8 professional and human foundations:

1) commitment to values-based practice
2) an adult learner model of critically reflective pedagogy

3) a life-cycle developmental approach to understanding human continuity and change

4) understanding and addressing the social determinants of health and wellbeing

5) taking a multi-level, multi-model, integrative approach to assessment, formulation, intervention and evaluation

6) promoting psychological mindedness by working within and beyond the therapy room

7) accepting psychological responsibility for leadership

8) underpinned by scholarship, practice-based research and evidence-informed practice, with a clear focus on outcomes that are determined by peoples’ priorities and preferences.

1. We are fundamentally committed to values-based practice. We endeavour to work with compassion, courage and creativity, in partnership with others (community members, people who use services and care for those who use services, and other professionals across all sectors) to promote social inclusion, diversity, equality and health for all. We are bound by the professional values of the British Psychological Society (BPS), the regulatory Standards of Conduct, Ethics and Performance of the Health and Care Professions Council (HCPC) and the core values of the NHS Constitution. The essence of these is a commitment in our training to foster a commitment to working together with our clients with the aim of improving lives; everyone counts. To achieve this aim we must be committed to the ethos of providing a high quality of care and acting at all times with honesty, integrity and compassion. The Universal Declaration of Ethical Principles for Psychologists describes key ethical principles based on shared human values, affirming the commitment of the psychology community to help build a better world where peace, freedom, responsibility, justice, humanity, and morality prevail: respect for the dignity of persons and peoples; competent caring for well-being; integrity; and professional and scientific responsibilities to society. Our work is underpinned by building relationships of mutual understanding, trust, respect and care. Collaborative practices with service receivers and
carers is embedded throughout delivery and development of our Programme. To sustain the quality of our relationships with others we need to foster personal resilience and wellbeing through self-care to ensure that we are fit to practice.

2. We draw from an adult learner model of critically reflective pedagogy, building on the strengths and resourcefulness of trainees as active learners. A ‘teacher: pupil’ and ‘provider: receiver’ dynamic is avoided. We acknowledge that we are all learners and facilitators and all service receivers at some point in our lives. Learning is a collaborative process. Facilitators may be supervisors, colleagues, service receivers and trainees amongst others. Trainees are not simply recipients of expert knowledge, but rather are active collaborators with others, accepting responsibility for developing individual and shared understandings of psychological processes. We know that teaching does not equal learning and that learning is a social process. Curriculum and research activities are designed to prepare trainees for partnership in practice. The Programme adopts a blended approach to learning so that there is variety of pedagogic approaches to stimulate active learning. Trainees engage in (and in part are assessed through) group problem based learning tasks, and we encourage creative and innovative ways of interacting through peer learning and teaching, inter-disciplinary learning and distance learning. We encourage trainees to take responsibility for self-directed learning so that together we can deliver a curriculum which is contemporaneous and relevant to current health and social care exigencies. Teachers are encouraged to deliver participatory sessions for active engagement and skills practice. Trainees are encouraged to share university based learning with placement supervisors to ensure strong theory-practice links. The Programme has been designed with an understanding that knowledge relevant to competent psychological practice comes in many forms. Theoretical knowledge provides a framework for applying psychological models but we know that trainees experience a gap between ‘knowing’ and ‘doing’. This is in part because moment by moment practice, for example in working therapeutically with a client, relies on experiential learning whereby procedures become internalised as skills through ‘learning by doing’. Such complex learning requires trainees to develop critical self-reflexive ways of thinking and being. We invite trainees to engage with a wide variety of material to stimulate their learning including literature, the arts and wider media and reflections on their own life and relationships. We also acknowledge that training and the clinical practice involved can place intense emotional demands on trainees and we support trainees to be reflective about their own self-care and provide systems of support for them.
3. We take a **life-cycle developmental approach** to understanding continuity and change in human thoughts, feelings and behaviours, underpinned by knowledge of bio-psycho-social processes including attachment, trauma, transition, meaning, identity, power and resilience. This position encourages a stance of curiosity about the nature and causes of people’s difficulties with an emphasis on exploring with them what has happened in their lives and focuses on pathways both to problems and to resilience in the face often of extreme adversity. Individual life cycles themselves are located both temporally and culturally so we need to understand the histories that have influenced and shaped different generations and cohorts. The approach underpins a multi-level framework for developing collaborative formulations with clients, their families and carers. Their presenting difficulties and successes can be understood within the unique context of people’s lives, including complex interactions between biological development and the wider environment and systemic interpersonal and transgenerational processes.

4. We endeavour to understand and address the **social determinants of health and wellbeing**; understanding that differential access to socially valued resources and power underpins inequalities in health outcomes and drives unsustainable consumption of the world’s resources. We encourage trainees to work with others to contribute to policy, population and public health efforts to prevent distress and ill health, addressing the needs of those who are disadvantaged through, for example, poverty, homelessness, asylum or refugee status, long term disability or other inequalities. We contribute to sustaining healthy local and global environments for human flourishing.

5. We take a **multi-level, multi-model, integrative approach to competence** in psychological assessment, formulation, intervention and evaluation, with a strong grounding in systemic and cognitive behavioural therapies, and informed by psychodynamic and community psychology concepts. Our curriculum and practice placement requirements are underpinned by the HCPC Standards of Proficiency for Practitioner Psychologists and the BPS Standards for Doctoral Programmes in Clinical Psychology. In line with the Quality Assurance Agency for Education (QAA) standards, we expect trainees to think critically about problems to produce innovative solutions and to create new knowledge or apply existing knowledge in new ways in uncertain and complex situations. We therefore place an emphasis on over-arching competencies that you will develop throughout training to deliver often complex and psychologically sophisticated interventions, drawing on both formal evidence bases and practice based evidence. Learning is transferred and applied to indirect roles where psychological influence can be implemented through...
supervision, consultation and leadership opportunities. This extends to population health and wellbeing. Core competence can be applied flexibly across a range of ages, presentation configurations and service delivery systems and you will be expected to demonstrate your acquisition of core clinical skills in part through in vivo assessments during clinical placements.

6. We **promote psychological mindedness, working both directly and indirectly**, within and beyond the therapy room, in a range of public, independent, voluntary and community settings. We explore the idea of ‘safe uncertainty’ to encourage tolerance and curiosity for a fluid, reflexive position in relation to psychological processes at therapeutic, team, organisational and cultural levels. We share mindfulness based approaches to nourish psychological and social resilience within the fluid, changing and highly uncertain health and social care landscapes that we and our clients inhabit. We encourage engagement in voluntary sector, community and user led services to innovate beyond our usual comfort zones. We expect trainees to be highly effective communicators in networking and sharing psychological knowledge. We care for ourselves as well as for others, maintaining our own adaptability, wellbeing and enthusiasm with kindness, compassion and conviviality.

7. We **accept leadership roles** in promoting individual, population and public mental health and wellbeing, by participating in service development, research, audit, innovation, supervision, consultation, publication and continuing inter-professional learning, training and development. We take psychological responsibility for our work in influencing change for improved psychological wellbeing at individual, group, organisational and strategic policy levels. We encompass the belief that bringing psychological mindedness to services can be achieved through developing competence across a range of roles incorporating opportunities for indirect influence through to mandated leadership. We also recognise the importance of ‘followership’ in supporting colleagues, teams, organisations and political movements to work collaboratively for a common purpose.

All our work is underpinned by scholarship, practise-based research and evidence-informed practise: drawing critically from, and contributing to, relevant academic, professional and cultural literature. We respect the particularity of each individual and circumstance, with a clear focus on outcomes that are determined by peoples’ cares, priorities and preferences. The curriculum is designed to be contemporaneous, flexible and relevant to current healthcare exigencies so that it is responsive to change.
2.1.2 An Integrative Approach

In the past we have found that if we teach the major treatment models, such as Psychodynamic Theory, Cognitive Behavioural Theory or Systems Theory too rigidly then we foster a tendency in trainees to apply them as if a clinical problem could be made to fit a particular approach. The aim of providing a guiding philosophical framework for approaching clinical work is to help you to construct and place in context a clinical problem, alongside considering the evidence-base for effective treatment models. This approach retains flexibility around construing clients’ difficulties from the perspective of different levels of analysis, whilst considering the time frame and particular pathways to the current problem. In this way, a developmental perspective is also provided. Through consideration of the different predisposing, precipitating, maintaining and protective factors that can contribute to our understanding of a clinical problem the approach taken can be truly integrative. Clinical case formulation, therefore, involves drawing together strands, woven from different therapeutic models that can be reviewed in the light of both scientific and reflective practice. This preserves the uniqueness and creativity of therapeutic work alongside the application of ‘expert’ knowledge. Our knowledge base is always developing and is reflected in our profession’s commitment to Continuing Professional Development, acknowledging that we need to monitor and review our learning throughout our careers.

2.1.3 The Adult Learner

For some trainees, joining the programme is the first return to academic learning for many years. This can be a challenging experience. Learning sometimes can be ‘troublesome’ as we challenge strongly held beliefs and practices and take aboard new ideas and grapple with novel concepts and complex material. People react to it in different ways, but in our experience, it nearly always causes some anxiety. This can be unsettling and we invite you to reflect on this in your learning log. It can, for example, be difficult to know exactly what is expected of you and it is usual for individuals to be unsure of the required standard. This can make the first few academic assignments and write up of clinical case studies particularly stressful; some of you may begin to feel that you never quite gain enough information from teaching sessions and become increasingly frustrated that teachers and supervisors do not provide you with “all there is to know”. This desire for certainty, although understandable, goes against the principle of the adult learner process. The programme does not, and indeed cannot, aim to provide you with “all there is to know”. The onus is on each trainee to be responsible for her/his own learning. When the teaching sessions end, you will often need to supplement this teaching with additional reading and searching for literature on your own. The cohort group can help by offering each other mature support in this adult learning task, through sharing the useful material unearthed by individuals within the group and by sharing the existing knowledge and expertise you each bring to the programme. To facilitate this process we have included elements of Problem Based Learning and Distance Learning distributed throughout your training. We hope trainees will develop a critical but open stance to learning informed by psychological theories and values.
The programme is designed to facilitate your learning by providing essential core information and acquiring skills, alongside a variety of more advanced teaching. The facilitators are chosen for their relevant experience in their field by the subject strand leads. The facilitators may be current or former trainees, clinical supervisors, colleagues from other disciplines or future employers. Some will be service receivers themselves who are experts by experience and others will collaborate with service receivers, perhaps through a caring role. How each of you develops these varied learning opportunities will be dependent on your personal interests, existing knowledge and motivation. In effect, the programme is what you decide to make it!

2.1.4 Reflective and Reflexive Practice

The programme invites trainees to develop their reflective capacities, in order to promote the emergence of broader reflexive practice; that is the ability to critically appraise clinical problems and to place them in context in terms of social, cultural, historical and political agendas, including race, gender and class.

We believe that reflective practice underpins the clinical psychologist’s ability to work in clinical situations, characterised by uniqueness, uncertainty and instability, where there is often no clear evidence base to guide clinical decision-making. We also share the view that it is important to consider the role of our own values, beliefs and opinions, as well as those of our clients, in understanding the decisions and judgements we make to approach clinical problems in particular ways. In working practice, our moment by moment decisions are not usually informed by an empirical theory, even though the choice to work in a particular way may be. Rather, the minutiae of our interaction with clients may be more truthfully understood from the subjective perspective of reflective practice, combined with an objectively healthy, expert knowledge base.

Reflection, as it is relevant to the practise of clinical psychology, seems to have two broad meanings that are really quite different. Reflection is the personal use of self-awareness, placing an emphasis on what we bring to, and take from, the therapeutic relationship in terms of our life experiences, our own social contexts and history of previous relationships.

Reflection is also about practise-based learning - learning by doing, so acknowledging that one’s repertoire of procedural knowledge is gained through clinical experience. This leads ultimately to creativity, flexibility and intuitively based practise, where one’s repertoire of experiences as a clinician provides an internalised knowledge base that serves as a moment by moment guide to action.

The programme team has been working on ways of operationalising these aspects of reflective practice to assist trainees in their personal and professional development. With this in mind, we will support you in keeping reflective learning logs that, hopefully, will encourage you to explore aspects of your subjective experiences with Supervisors, programme team members
and each other. These diaries are private but we hope that, by keeping them, you will be able to monitor their content and decide on where it feels both safe and appropriate to share personal issues that have a bearing on your clinical practice. Throughout the three years of training, you will be invited to contribute at reflective tutorials. Reflective capacities are also monitored and assessed within the context of the clinical placements. We like to think that, as your trainers, we too can establish a reflective approach to working with you all, both as a group and as individuals. Further details about the Reflective Learning Log and Reflective Mentoring Groups can be found in section 5.4.4.

Within the teaching curriculum, there will be opportunities to apply your developing reflective abilities in relation to the key client groups identified during teaching and on your clinical placements. This reflexive approach to the curriculum should facilitate critical thinking and ensure that you remain questioning and open to new knowledge and learning opportunities. Throughout training you will be developing your professional identity. Whether you are at University or on placement remember that you are a paid professional. Therefore punctuality, attendance, attitudes and behaviours are expected to be commensurate with that of a health care professional and you may find it helpful to reflect upon your personal growth and development in this respect too. We hope this training will serve as a basis for life-long learning and create a thirst for continuing professional development.

2.1.5 Integrating Theory and Clinical Practice

Teaching is carefully arranged so that it is integrated with the particular services, groups of clients and models of intervention that trainees will encounter during their clinical placements.

The programme team use Problem-Based Learning (PBL) Exercises to assist in teaching the integration of theory into clinical practice. These will provide trainees with an opportunity to apply their theoretical knowledge to clinical case formulation, prior to going out on their placements. Trainees will be helped to think reflectively about case material and the decisions that lead a clinical psychologist, in practice, to choose particular treatment models. Importantly, the process of PBL is about learning to work in a group (often of strong-minded individuals!). This mirrors some of the complexities that clinical psychologists encounter in practice when working within staff groups and multidisciplinary teams.

During clinical placements there are allocated study days for reading and coursework requirements. Supervisors and trainees will also ensure that time for the necessary reading associated with the clinical work the trainee is undertaking is made available during placement time. Coursework assignments are expected to draw upon clinical practice. Often it can appear as if the two worlds of academic study and clinical practice are separate and it will be an ongoing challenge to keep the two connected. A commitment to doing so is vital and the effective use of supervision, personal reflective learning logs, reflective mentoring groups and appraisal tutorials will make the task easier.
Clinical skills training is provided throughout the programme. The emphasis is to ensure that trainees receive skills-based teaching. Over the three years the trainee is equipped with core therapy skills, and additional skills linked to major clinical models. Specifically, trainees will learn core integrative therapy skills, informed by systemic, Cognitive Behavioural Therapy (CBT), psycho-dynamic approaches and social psychotherapies. Principal training techniques include role-play, video and modelling and trainees are expected to participate in these teaching activities. Within the academic teaching sessions many speakers also draw on clinical case material to demonstrate how theory and practice have been integrated.

2.1.6 Collaborative Practices with Service Receivers and Carers

There is increasing recognition of the importance of service users and carers in training in Clinical Psychology. Consequently we take pride in the relationship of partnership and collaboration that we have developed with our service receivers who participate across all aspects of the programme delivery. We have a very pro-active Service Receiver and Carer Consultation Group. Members are involved in delivering some teaching and providing feedback for assessed coursework, participating in the trainee selection process, running reflective mentoring groups, advising trainees about research and contributing to programme development. We seek to deepen our collaborative practices with service receivers and carers in ways informed by DCP good practice guidelines on the involvement of service users and carers in clinical psychology training.
2.2 **Teaching Syllabi and Programme Outlines**

The Doctorate in Clinical Psychology is comprised of nine modules. In each of the three years, trainees complete three contemporaneous modules, one each for clinical, academic and research competence. Each set of three modules progresses across the three years. For example, the first academic module in year one, (Module CPSY 611), provides opportunity for familiarisation, acquisition, analysis and synthesis of the knowledge base required for clinical psychology practise. This includes an introduction to the underlying course philosophy, an introduction to psychological models and to the reflective scientist practitioner framework. The second academic module in year two, (Module CPSY 614), requires the integration and further synthesis of complex theoretical ideas and elaborates models of psychological intervention and change. The third year academic module (Module CPSY 617) is more option-based, promoting the adult learner model required for continuing professional development and extends trainees’ academic competence so that they are able to draw autonomously on expert knowledge for their clinical practise and can produce written work at the standard required for a peer reviewed professional publication.

2.3 **Attendance at Teaching**

In line with respect for colleagues, the efficacy of the group and as a paid professional, trainees are expected to attend all teaching. In the event of a trainee being unable to attend apologies must be sent. In order to progress on the course at least 85% of attendance is required. and may involve some additional work as agreed by the appraisal/clinical tutor. Significant absence, unless clearly compensated, may mean that you cannot progress. Further details about keeping attendance records and exceptions when absence might be granted are provided in Section 8.3 under 'General Administration'. Please read this section. The Partnership Guidelines in Section 8.2 of the Programme Handbook, also include a commitment to engage constructively and productively with the process of active learning.

2.4 **Definitive Module Records (DMR’s) – Academic Competence**

The core teaching content and syllabi, including recommended reading is detailed in the Definitive Module Records (DMRs) below for each of the three Academic Competence teaching modules (see indicative syllabus content). The academic DMR’s can be found on the following pages.
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<th><strong>Module Code:</strong></th>
<th>CPSY611</th>
<th><strong>Credits:</strong></th>
<th>60</th>
<th><strong>Level:</strong></th>
<th>8</th>
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**Module Title:** Academic Competence (Year 1)

**Pre-requisite(s):**

**Co-requisite(s):** CPSY 610 and 612

**Compensatable within this Programme:** No

**Short Module Descriptor:**
This module establishes knowledge for the trainees in the 5 core course themes and core course philosophy underpinning clinical psychology.

**Elements of Assessment:**
C1 Coursework Pass/Fail

Subject Assessment Panel Group: CPSY

Minimum pass mark for professional body accreditation: Pass

**Module Aims:**
This module has three major aims:
The trainee is expected to be able to understand, and to analyse and synthesise the theoretical and empirical knowledge base of clinical psychology.
The trainee is required to develop critical evaluative, reflexive and integrative skills in relation to a wide range of material that informs the knowledge base of clinical psychology.
The trainee is expected to acquire professional, ethical and service-user oriented values which underpin the effective, safe and ethical practice of clinical psychology.

**Assessed Learning Outcomes:**
At the end of the module the learner will be expected to be able to:
1. Critically, analyse and synthesize, the conceptual and empirical knowledge base of clinical psychology
2. Evaluate and integrate psychological theory and evidence as required to underpin research and practice in accordance with an applied reflective scientist practitioner model
3. Demonstrate a reflexive understanding of the professional standards of conduct, performance and ethics that are required for the safe and ethical practice of clinical psychology
4. Work effectively in Problem based learning groups to develop psychological knowledge and skills

**Indicative Syllabus Content:**
The syllabus comprises five core themes;
Psychological approaches and models of intervention
Core competence for clinical psychology
The Person in Context – Life span developmental frameworks
Psychological problems, distress and coping; Risk and Resilience
Personal and professional development; becoming a Reflective scientist practitioner.

This module offers a general introduction to the course philosophy, including reflexive practice and adult learning, working professionally, ethically and safely in the NHS, and the major psychological approaches. There is an emphasis upon the wider social and community context for understanding psychological distress, particularly focusing on systemic models of intervention. Psychological problems and distress with young children and adolescents and those with intellectual difficulties are considered from a life span developmental perspective.

Approval:
Date of Approval: XXXXXX
Date of Implementation: XXXXX
Date(s) of Approved Change:

Faculty: Health and Human Sciences  School: School of Psychology
Name of Site: Plymouth  Module Leader: Dr Helen Lloyd  Session: XX/AY/PT/M
Module Code: CPSY611 Academic Competence Year 1

Assessment Criteria:
1. To demonstrate knowledge and understanding of psychological theory and the professional and ethical value base of allied health professions generally and clinical psychology in particular, in accordance with regulations for professional codes of conduct.
2. To critically evaluate and synthesize the conceptual and empirical knowledge base of clinical psychology.
3. To work effectively in groups to engage in PBL and to deliver group presentation.

Assessment Mode:

Summative Assessment:
C1: Pass/ Fail
The summative assessment is by means of two essays and two group based PBL presentations and group reflections. All elements must be achieved to be successful.

All elements must be passed in order to achieve the module.

Schedule of Teaching and Learning:
The module will be delivered by a variety of methods including, lectures, reading options, seminars, distance learning, experiential exercises (role play, sculpting etc, e-learning and self-directed learning), workshops and problem based learning.

Recommended Texts and Sources:
Many of the recommended texts for the course are on line via the library:


British Psychological Society Division of Clinical Psychology (2000) Clinical Psychology and Case Note: Guidance on Good Practice. Leicester: British Psychological Society


Health and Care Professional Council (2009) Standards of Proficiency; Practitioner psychologists.


Module Code: CPSY614  
Credits: 60  
Level: 8

Module Title: Academic Competence (Year 2)

Pre-requisite(s): CPSY 610, 611 and 612

Co-requisite(s): CPSY 613 and 615

Compensatable within this Programme: No

Short Module Descriptor:
This module constitutes the learning necessary to acquire the academic knowledge and skills required during the second year of the programme. It develops further critical thinking in the 5 core course themes and core course philosophy underpinning clinical psychology.

Elements of Assessment:
C1 Coursework: Pass/Fail  
Subject Assessment Panel Group: CPSY  
Minimum pass mark for professional body accreditation: ‘Pass’

Module Aims:
This module has three major aims:
The trainee is required to consolidate critical, analytical and evaluative skills.  
The trainee is required to employ a sophisticated psychological knowledge base flexibly in order to communicate complex information effectively and to solve clinical problems creatively.  
The trainee is expected to extend knowledge and application of proficiencies in psychological formulation to a wide range of clients, groups and types of clinical problems so as to practice professionally, safely and ethically.

Assessed Learning Outcomes:
At the end of the module the learner will be expected to be able to:
1. Demonstrate critical and ethical awareness, undertake analysis and manage complex clinical issues and contexts and to be able to incorporate and synthesise new information that contributes to their theoretical understanding of clinical psychology.  
2. Communicate complex and contested theoretical perspectives and evidence and apply this to a variety of complex clinical problems.  
3. Formulate a range of complex clinical problems and contexts in order to intervene safely, ethically and effectively with a variety of psychological approaches.
### Indicative Syllabus Content:
The syllabus comprises five core themes:
- Psychological approaches and models of intervention
- Core competence for clinical psychology
- The Person in Context – Life span developmental frameworks
- Psychological problems, distress and coping; Risk and Resilience
- Personal and professional development; becoming a Reflective scientist practitioner.

In this module there is an emphasis upon models of intervention, often delivered at an individual level, emphasising cognitive, psychodynamic and narrative approaches to intervention and change in work with adults and older adults. Clinical problems are located within a life – span developmental model with an emphasis on the complex interplay between earlier childhood and family experiences, often associated with issues of, inequality, stress and deprivation, and factors conferring psychological resilience.

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<td>Name of Site: Plymouth</td>
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<tr>
<td>Module Leader: Dr Sarah Baldrey and Catherine Collin</td>
<td>Session: XX/AY/PT/M</td>
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**Module Code:** CPSY614 Academic Competence (Year 2)

**Assessment Criteria:**
Provide evidence of reflexive thinking and ethical awareness applied to clinical issues
Communicate complex and contested theoretical perspectives and evidence and apply this to a variety of complex clinical problems
Formulate a range of complex clinical problems

**Assessment Mode:**
**Formative Assessment:**
Trainees are also required to attend and participate in clinical skills teaching sessions,

**Summative Assessment:**
C1: Pass/ Fail
The summative assessment is two PBL exercises which involve assessed group presentations and group reflections.

**Schedule of Teaching and Learning:**
The teaching is delivered by a variety of teaching methods including, lectures, PBL exercises, seminars, experiential exercises (role play, sculpting etc), distance learning and e-learning

**Recommended Texts and Sources:**
The recommended texts for the course are:
Lemma, A. (2003) *Introduction to psychoanalytic psychotherapy*
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<th>Module Code:</th>
<th>CPSY617</th>
<th>Credits:</th>
<th>60</th>
<th>Level:</th>
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**Module Title:** Academic Competence (Year 3)

**Pre-requisite(s):** CPSY 610, 611, 612, 613, 614 and 615

**Co-requisite(s):** CPSY 616 and 618

**Compensatable within this Programme:** No

**Short Module Descriptor:**
This module constitutes the learning necessary to acquire the academic knowledge and skills required during the third year of the programme. It develops further critical and reflexive thinking, analysis and synthesis within clinical psychology and prepares trainees for commencing professional practice in the NHS.

**Elements of Assessment:**
C1 Coursework: Pass/Fail
Subject Assessment Panel Group: CPSY
Minimum pass mark for professional body accreditation: ‘Pass’

**Module Aims:**
The module has four aims:

1. Trainees are expected to integrate, synthesize and engage in critical reflection on a complex domain of psychological theory and evidence
2. Trainees are required to synthesize complex and sophisticated psychological theory and evidence so as to make an original contribution to clinical psychology
3. Trainees are enabled to develop advanced competence (mastery) and autonomy in self-directed learning and to utilise effectively a wide range of learning resources in preparation for commencing work in the NHS.
4. Trainees are expected to further develop critical and reflexive thinking that is required for them to exit the programme fully equipped to practice safely, ethically and effectively in all aspects of their work.

**Assessed Learning Outcomes:**
At the end of the module the learner will be expected to be able to:

1. Demonstrate mastery and autonomy in self-directed learning, making effective use of a wide range of learning resources
2. Integrate, synthesize and engage in critical reflection on a complex domain of psychological theory and evidence as demonstrated through writing a literature review of a standard that would be publishable in a peer reviewed journal
3. Make an original contribution to clinical psychology through a variety of methods of communication and to a range of audiences
Indicative Syllabus Content:
- Core topics in advanced psychological competence; psychological influence and consultation, leadership and supervision
- Additional topics to reflect current issues and trainees’ learning needs.
- Participation in a range of options related to the five course themes and selected to meet individual learning needs and special interests
- Professional issues and preparation for post-qualifying work in the NHS

Approval:
- Date of Approval
- Date of Implementation:                           Date(s) of Approved Change:

Faculty: Health and Human Sciences School: School of Psychology
Name of Site: Plymouth
Module Leader: Duncan Moss  Session: XX/AY/PT/M
Module Code: CPSY617 Academic Competence (Year 3)

Assessment Criteria:
To provide written evidence of critical reflection and analysis at the standard of a peer reviewed journal
To demonstrate the use and sophisticated application of a wide range of learning and information resources

Assessment Mode:
Formative Assessment:
Trainees are also required to attend and participate in clinical skills teaching sessions,

Summative Assessment:
C1: Pass/Fail
Summative assessment is by means of a Draft Journal Literature Review.
This element must be achieved to be successful.

Schedule of Teaching and Learning:
The module will be delivered by a variety of methods including, lectures, reading options, seminars, distance learning, experiential exercises (role play, sculpting etc, e-learning and self-directed learning).

Recommended Texts and Sources:
The recommended texts for the course are:


2.5 **Teaching and Learning Topics**

### 2.5.1 Core Themes

The Syllabus comprises five core themes identified in the Definitive Module Records which are delivered across the three years in accordance with a broadly lifespan developmental perspective. The Core Themes are:

- Psychological approaches and models of intervention
- Core competence for clinical psychology
- The Person in Context – Lifespan development frameworks
- Psychological Problems: Distress, Coping, Risk and Resilience
- Personal and Professional Development

The core themes run through the varied teaching sessions although they are not always explicitly labelled for you and each session is likely to address more than one theme. The core themes therefore are not intended to provide a template or overarching structure for organising the teaching programme although some teaching topics do fall more obviously into one of these thematic categories. Rather, the core themes reflect the learning outcomes that we hope you will attain through delivery of the teaching curriculum. Taken together, these themes are designed to meet the placement learning requirements for trainees. While the first year offers a general introduction to the course philosophy, working in the National Health Service and the major psychological approaches there is an emphasis upon the wider social context for understanding psychological distress. Year one focuses particularly upon systemic models and working in the community. In year two the emphasis shifts to an exploration of models of working with individuals around therapeutic interventions and change. In addition to special options, the third year offers consolidation of professional development, research and reflexive practice.

As a guide it may be helpful to indicate broadly how these 5 core themes can be mapped to overall teaching content.

**Psychological Approaches and Models of Intervention**

The Programme delivers bespoke learning opportunities for you to gain knowledge, understanding and competence in a range of psychological models including Cognitive Behaviour Therapy, Systemic Therapy, Psychodynamic Psychotherapy and Neuropsychology. There is also teaching covering broader approaches that may draw on these various models; for example Community Psychology and broadly Social Constructionist approaches where formulation emphasises the social determinants of psychological distress. Emphasis is also placed on Attachment based approaches across the lifespan. Although the programme ensures that trainees gain competence to a recognised standard for at least two of these models, Cognitive Behaviour Therapy and Systemic Family Therapy, the broad aim is to develop skills in integrative formulation, drawing flexibly and collaboratively on multiple models. There is sufficient flexibility in the choice of final year placements for trainees to strengthen their competencies in an approach of their choice (for example, psychodynamic work, neuropsychology or attachment based interventions with infants and vulnerable children).
Core Competence for Clinical Psychology.

Some teaching and learning sessions specifically cover the core competencies that underpin clinical practice and provide the theoretical knowledge base that facilitates your experiential learning on clinical placements. For example there are bespoke sessions on formulation in all 3 years. This ensures that all learning is scaffolded by a biopsychosocial multi levelled understanding of the complexity of psychological presentations. Pathways to 'problems' are understood from both a unique individual perspective and a psychologically informed evidence base. Since the evidence base is itself controversial and riddled with large holes trainees will also be gaining skills in critical thinking and appraisal to assist in clinical decision making. Reflective practice is also covered specifically as a topic in year one. It is then woven throughout your training in relation to understanding its implementation across a range of models, opportunities for trainees to participate in reflective mentoring groups, keeping reflective logs and experiential reflective exercises embedded within many teaching sessions. The core competencies of assessment and evaluation will also be covered in relation to psychological models and are central to the Research and Clinical Modules. Within the Professional Issues teaching strand you will be offered bespoke sessions on supervision, consultation and leadership. Communication skills will also feature in learning about communicating with vulnerable clients such as children, those whose first language may not be English and people with intellectual disability. There will also be opportunities for trainees to broaden their cultural competence and work sensitively across intersectional differences.

Further opportunities to hone core competence are offered through the Clinical Skills teaching in Years 1 and 2 and Clinical Presentations in Year 3.

The Person in Context; Lifespan Developmental Frameworks.

During the first year trainees start by considering how individuals begin life already shaped by their families, communities and wider social contexts. There is an emphasis on systemic models to understand relational influences and the power of cultural contexts to shape meaning and discourse. The teaching on psychodynamic approaches and early attachment also informs an understanding of the importance of early care giving relationships and the long reaching influence that sensitive nurturing (or lack thereof) ultimately has on a person's capacity for emotional processing, reflective functioning and ability to form trusting and rewarding intimate relationships. This serves as a basis for understanding the problem pathways leading to the need for more individually focused adult work in year two.

There are some teaching sessions that focus on understanding life cycle developmental phases from normative, historical and cultural perspectives. This provides a basis for understanding how transition and change can be difficult to negotiate and additionally stressful for individuals who may choose variations to culturally sanctioned norms. The life cycle approach is also helpful for working inter professionally since many services are organised around developmental stages and there is a growing elderly population who have additional health and social care requirements.
Psychological Problems, Distress and Coping; Risk and Resilience.
This theme is perhaps the most dispersed as many learning sessions will have a focus on particular groups of clients who share a common difficulty. For example you will have facilitators for sessions on understanding people who have experienced adverse life experiences such as early abuse, trauma and neglect, for those suffering bereavement and loss, others displaced through migration and seeking asylum and those facing serious illness, disability and physical trauma sometimes associated with combat. Distress may be manifest through symptoms of PTSD or psychosis, serious impairment to mood, unusual behaviours and beliefs, the use of drugs and alcohol, 'antisocial' behaviour or withdrawal from society and medically unexplained illness (this is not a complete list!). It is always important to balance an assessment of risk and vulnerability with identifying and building on an individual's capacity for strength, resilience and ultimately change and growth. Trainees will additionally have some sessions with a focus on positive psychology, resilience and appreciative inquiry.

Personal and Professional Development; becoming a Reflective Scientific Practitioner.
We recognise that training is a journey during which both your sense of your personal and professional identity will be changed and shaped by the many learning experiences available to you. The programme places a high value on compassionate care but we know that this can come at personal cost and it is equally important to develop robust strategies for self-care. The Professional Issues strand of teaching in particular covers important aspects of the standards and competencies expected of a qualified clinical psychologist. Of course these are often debated within the British Psychological Society and from the outset we encourage you to be both challenging and innovative about what the future role of clinical psychologists might be. The first essay explores our professional role and invites you to take this on from the perspective of service receivers.

Trainees participate in Reflective Mentoring Groups during training, co-facilitated by a member of our Service Receiver and Carer Consultative Group (SRCCG) and an external supervisor. These foster reflective and critical thinking. Our SRCCG also play an active role in guiding trainees' professional development.

2.5.2 Teaching Strands and the Use of MOODLE.
Integrated within the teaching programme are a number of specific strands of teaching and learning, most of which have been identified in relation to the core themes above.
The 'Teaching Strands' covered include:
Cognitive Behaviour Therapy
Systemic Therapies
Psychodynamic Psychotherapy
Community Psychology
Neuropsychology
Clinical Skills
Professional Issues
Working with Infants, Children, Adolescents and Families
Working with People with Intellectual Disabilities
Working with Adults and Older Adults
Health Psychology
Forensic Psychology
Problem based Learning
Distance Learning
(Others may be added during your training)

Some of the teaching topics, for example, the Foundation Level Family Therapy training are delivered in discrete modules, in this case in year one of the programme. However, the academic and clinical skills involved also are continued throughout the programme.

All training is underpinned by the values and principles articulated in the programme’s course philosophy.

The content of timetabled ‘teaching sessions’ and the accompanying detailed learning objectives as well as indicative reading are all under continuous review to reflect contemporaneous and future orientated knowledge and practice. For this reason details of the teaching and learning strands (as above) can be found on the MOODLE sites for each of the 9 Modules and for the Doctorate Programme overall. This enables facilitators of your collaborative learning regularly to update the most recent and revised versions of both the content and process of available learning resources.

2.5.3 The Training Framework
Each set of three core modules (Academic Competence, Clinical Competence and Research Skills) progresses across the three years. For example, the first academic module provides opportunity for familiarisation and acquisition of the knowledge base required for clinical psychology practice. This includes an introduction to the underlying course philosophy, an introduction to psychological models and to the reflective scientist practitioner framework. The second module requires the analysis and synthesis of complex theoretical ideas and elaborates upon models of psychological intervention and change. The third year is more option-based; promoting the adult learner model required for continuing professional development and extends trainees’ academic competence so that they are able to draw autonomously on expert knowledge for their clinical practice. It also prepares trainees to be ready for taking up post qualification posts. The clinical modules begin with the acquisition of practice skills in year one, with an emphasis on social contexts, cultural diversity, systemic and developmental aspects of psychological distress. Trainees work in services providing for the needs of children, families, adolescents and people with disabilities.

In year two, trainees are expected to widen the range of their core competencies to include an emphasis on individual therapeutic work, with a focus on models of psychological change and their application to psychological difficulties in adults of working age and beyond.
In year three, the trainees are expected to function as competent practitioners, applying their skills and knowledge base flexibly across a range of clinical contexts and consolidating their skills in preparation for qualification and functioning as independent professionals. For the research module there is a progression from exploring the nature of different research methods and formulating decisions regarding the choice of appropriate methods to address clinical problems relating to the evaluation of services, exploration of the processes of clinical work and theory-based research. During this module trainees conduct an evaluation of a clinical service. This develops in the second module to exploring and applying more sophisticated research designs and exploring reflective research and requires the completion of sophisticated piece of psycho-therapy process research. The third module involves a progression to a synthesis of the empirical and theoretical knowledge bases of clinical psychology required to conduct an innovative piece of research of a quality required for it to be submitted for publication to a scientific peer-reviewed journal.

We are also able to offer an exciting opportunity within our systemic teaching and learning programme. In partnership with our local Psychotherapy Service we deliver a multi-professional Foundation Level Family Therapy Training that trainees attend as part of their teaching programme in year one. This training has been approved by the Association of Family Therapy at the foundation level. This qualifies trainees to pursue later training in the systemic model at a higher level as well as providing a very thorough basis for their clinical work. Some trainees have been able to complete an Intermediate Level Family Therapy Training during their third year when this can be integrated within their clinical placement. All trainees are required to keep logs of their clinical experiences in order to map their competencies against recognised frameworks for the cognitive behavioural model and systemic model. Trainees also have the option of keeping a record of their cumulative experiences of using psychodynamic approaches should they wish to undertake further training at post-qualifying level.
Section Three: Course Structure

3.1 Course Structure - A Guide to the programme

The teaching programme is delivered in terms of integrated theory and practice teaching across each year. The duration of the programme is three calendar years. The maximum period of registration is six years. Any application for an extension to the agreed period of registration must be submitted in writing to the Faculty Business Manager (or nominee) for approval. There is no provision for part-time study since the programme is organised and funded by Health Education South West through a full-time contract of employment which contains academic learning and clinical placements. However, variations to extend full time training through part time working arrangements may be negotiated on an individual basis.

The Doctorate in Clinical Psychology is comprised of nine modules. In each of the three years of training, trainees complete three, contemporaneous modules, one each for academic competence, research and clinical practice. Although there is only one recognised pathway through the programme for the award of the Doctoral Degree, there remain two possible exit qualifications (see 3.2 below) although these would usually only be used in exceptional circumstances and do not constitute professional qualifications that would allow graduates to practise clinical psychology.

3.2 Programme Progression and Exit Routes

A schematic representation of your progress through the three years is shown overleaf. As you can see the programme consists of nine modules, organised in terms of three academic, clinical and research modules, one of each being included in each of the three years of training. These three, broad strands are developmentally organised over the three years and are also interwoven within each year.

Note: Details of Exit points and discretionary awards are described further in the Approval Document
Course Structure Diagram: Progression and Exit Routes

All modules are compulsory and all must be passed to be awarded the Doctorate in Clinical Psychology

YEAR 1

CPSY610: (C1) Clinical Practice (Year 1) Clinical placements pass 60 credits

CPSY611: (A1) Academic Competence (Year 1) 60 credits

CPSY612: (R1) Research 1 60 credits

Need to pass at least TWO modules from A1, C1 and R1 for progression to year 2.

YEAR 2

CPSY613: (C2) Clinical Practice (Year 2) Clinical placements pass 60 credits

CPSY614: (A2) Academic Competence (Year 2) 60 credits

CPSY615: (R2) Research 2 60 credits

Exit point 1: Trainees who fail to progress beyond year 2 are eligible for the award of Postgraduate Diploma in Applied Psychology (only if they have successfully completed 120 credits from modules A1, A2, R1 and R2)

YEAR 3

CPSY616: (C3) Clinical Practice (Year 3) Clinical placements pass 60 credits

CPSY617: (A3) Academic Competence Year 3) 60 credits

CPSY618: (R3) Research 3 60 credits

Exit point 2: Trainees who fail to progress beyond year 3 are eligible for the award of MSc in Applied Psychology (only if they have successfully completed 180 credits from modules A1, A2, A3, R1, R2 and R3)

Need to pass at least FIVE modules from A1, C1, R1, A2, C2 and R2, for progression to year 3.

Need to pass all NINE modules for the award of the Doctorate in Clinical Psychology (540 credits)
3.3 Development of Learning across the Three Years of the Programme

The Syllabus will be delivered across all three years with an emphasis on core learning in years one and two with more specialised options being offered in the third year.

The Syllabus will be delivered in years one and two through initial Teaching Blocks (8 – 10 weeks in years one and two) to include two distance learning weeks with a focus on working with particular service-user groups. Subsequently the academic and research teaching days will be integrated within clinical placement time and will be delivered either at the University or local to the placement base. The broad topics included in each year are as follows:

Year 1

- Induction: The Course Philosophy, Adult Learning and Reflective Practice
- Distance Learning Pack 1: An Introduction to working with children, young people and families and people with an intellectual disability.
- Introduction to core psychological models: systemic family therapy, Cognitive Behavioural Approaches, Psychodynamic and Attachment models, Social Constructionist approaches, Community psychology
- Systemic Family Therapy. This will be offered as a stand alone module delivered in an inter-professional learning context and will be independently accredited by the Association of Family Therapy at Foundation Level
- Core competence: Introduction to therapeutic relationships, assessment and formulation, evaluation and intervention; introduction to neuropsychology, and risk assessment
- The Person in Context: Diversity (gender and race) life-span developmental framework; children and young people; the origin of social inequalities in childhood; individual differences, power and influence with particular reference to people with disability, service user involvement
- Specific Challenges: Adversity and resilience: The concepts of adversity and resilience will be explored. Topics will cover developmental delay; bereavement and loss; abuse and neglect, physical health and illness
- Personal and professional development: An introduction to the HCPC and regulatory framework for professional practice, adult learning, reflexive practice and self care; clinical skills; ethical practice; working with teams and organisations, NHS Policy
- Introduction to placements
• Research Methods: Introduction to qualitative and quantitative research methods. Preparation for service evaluation and major research project

**Year 2**

• Psychological Approaches and Models of Intervention: Working with individuals - CBT and Psychodynamic Therapies, Social Constructivism and Narratives; neuropsychology; and integrative approaches to therapy

• Distance Learning Pack 2: Working with Adults throughout their Lives

• Core Competencies: Intervention and Evaluation of Clinical work

The Person in Context: Development in adults and older adults; Challenges for adults and older adults; social inequalities, power and influence with particular reference to adults and older adults

Specific Challenges: Psychological distress and mental health in adult life, health and illness, addiction, vulnerability and resilience in adults and older adults

• Personal and Professional Development: risk assessment, safe and ethical practice, self-care

• Research Methods: Development of research skills (interviewing, reflection in research, ethical approvals). Preparation for psychotherapy process research project and progressing final year research

**Year 3**

The structure of year three will be flexible and offer choice to meet individual learning needs. The main focus of this year for trainees is to prepare themselves for post-qualification work and to complete and write up their research. Trainees will be required to attend some further training aimed at preparing them for future work in the NHS. The remaining teaching will be delivered through workshops or distance learning packages offering a range of options designed to strengthen the depth of trainees’ knowledge and skills in relation to specific client groups or clinical approaches and to introduce them to more specialised topics. Where possible some topics may be made available across the South West Region and shared with other training programmes.
3.3.1 Therapeutic Approaches

Running across the three years we have programmes of study in the three major therapeutic approaches: systemic family therapy, CBT approaches and psychodynamic/attachment approaches. As mentioned above, the systemic family therapy course is run in partnership with our local Psychotherapy Service so that you will undertake this course as a piece of inter-professional learning alongside professionals from a variety of services, including social work, psychiatry, general medicine, nursing, health visitors and drug addiction workers. Your assessment on this course will therefore serve a dual purpose in both meeting course requirements and fulfilling the academic component of the Foundation Level training for AFT.

We have more recently developed a formal competency mapping framework for CBT. This will be presented at the introductory teaching for this strand. For all 3 major models trainees will keep a record and log of clinical experience during their clinical placements which may then count towards gaining qualifications and accreditation at a post qualifying stage.
Section Four: Summary of Timeline and Submission of Coursework

4.1 Details of Syllabi and Course Content

At the start of each year you are given a programme timeline which specifies the content, date and location of your teaching for each year of the programme. Alongside these we have also indicated how particular topics, such as neuro psychology and professional issues, straddle the three years of the programme (Timelines are also available on MOODLE).

4.2 Timeline (2016 – 2017)

You can find a copy of the timeline in Appendix 3a - complete with a key explaining what the various colours signify. This sheet tells you how each of the three cohorts for year one, year two and year three will be spending their time this year. You can assume that the structure of your second and third years will look very similar. It also shows you when you can book your leave. (Please see Section 8.2 for more detail about the complexities of planning leave). You will see that you get 23 days of self-directed study time each year. The timeline shows when you have to be in Plymouth (marked as teaching days) and also when you might be learning at a venue local to your base or at home (red Distance learning days). It is possible that we will be forced to make minor changes (e.g. changing a teaching day to distance learning or vice versa) but we will do our very best to stick to the timeline as provided.

4.3 Assessments

Below is a summary of the course assessments across the three years. This shows which pieces of assessment are related to each of the nine modules comprising the programme. These assessments are discussed in more detail in Section 5.

Assessment is either formative – this is required work, but is intended primarily to assist your learning, and does not contribute formally to your assessment in terms of passing each module. However, failure to complete formative work would prevent you from progressing through your training. The Reflective Learning Log is formative.

Summative work – this is required course work which you must complete and are required to pass in order to continue to progress through your training.

The specific dates for submission and feedback on your various pieces of assessed work can be found on Moodle. The submission and marking dates for the coursework to be completed during years two and
three will be advised separately to you via Moodle during the summers of 2017 and 2018 respectively

Section Five: Assessment and Evaluation of Trainees

5.1 General Considerations

In order to be awarded a Doctorate in Clinical Psychology, a student must demonstrate a high level of competence in academic attainment, professional skills and research proficiency. No student will be awarded the degree if there is serious doubt in any of these areas as indicated by failure of a module. Competence is assessed using a variety of different methods and in three key areas:

- clinical competence
- academic knowledge,
- research skills

5.1.1 External Examiners

The quality of all aspects of the programme is monitored by the appointment of External Examiners (normally four). This includes at least one External Examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be registered as a clinical psychologist with the Health and Care Professions Council (exceptions might include examiners post retirement). All External Examiners would be required to be registered with the Health and Care Professions Council if they are involved in the assessment of the Clinical Competencies modules. The External Examiners play a vital role in maintaining the quality of the programme through their feedback on all aspects of the summative assessments. All External Examiners' reports are considered by the Programme Committee and the Programme Director responds to all of their recommendations in person. Actions arising are included in the Annual Programme Monitoring action plan and School Action Plan as necessary. External Examiners' Reports and the Programme's responses are available through the programme site.

5.2 Definitions

For the purposes of assessment regulations, the term 'Year One' includes the initial teaching programme in the autumn teaching block and the first year-long integrated placements which also contain interspersed teaching sessions and distance learning. Likewise year two is similarly structured and year three has a shorter teaching programme in the autumn term with additional research time and emphasis on consolidating professional practice.

5.3 Methods of Evaluation

All course work is expected to be of publication standard and in APA6 format.
Coursework is the main means of assessment of the trainees' academic, clinical and research competence and knowledge. It is intended to facilitate learning through the individual feedback provided and may be used to direct and motivate trainees' reading. The coursework table which can be found on the Moodle site, identifies all the coursework that trainees are expected to complete during their training. The written work ranges from the practical collection and analysis of data, through clinical problem solving, via Problem-Based Learning Exercises, to critical discussions of theoretical issues and includes self-appraisal after each clinical placement.

Some of this work is completed in time allocated during the teaching periods. Most pieces of summative coursework are assessed as satisfactory (pass), conditional pass or unsatisfactory (either referral or fail) – details of assessment criteria can be found in section 5.10.2.

Over the three years of the course, the emphasis of the coursework moves from directed academic work to research-related assignments. There is an emphasis on adult learning and, increasingly, some aspects of the coursework will become self-directed. All coursework, bar the research assignments, is linked either to the teaching curriculum or to material that relates to the clinical placements.

**5.4 Evaluation of Clinical Competence**

**5.4.1 Portfolio of Clinical Experience** (see Placement Handbook Appendix 1.1, Clinical Placement Assessment document)

Trainees are required to keep a record of their activities and experience whilst on placement. These are summarised in their Portfolio of Clinical Experience and will form the basis for some discussion with both their clinical and Academic Tutors. Included within it is record of any Category A Tests with which trainees have become familiar.

For each placement the Portfolio of Clinical Experience is monitored so that inadequate experience can be compensated for in future placements.

**5.4.2 Clinical Competence Goals and Evaluation Form**  
(see Placement Handbook Appendix 1.1, Clinical Placement Assessment document)

The professional competence of a trainee during periods on placement is assessed by ratings given by his/her Clinical Supervisor(s) twice in each year of training. While these provide feedback of a detailed nature, they serve also to assess the adequacy of the trainee's professional performance in relation to their stage of training. Through the Clinical Competence Goals and Evaluation Form, Supervisors make a recommendation to the Award Assessment Board as to whether the trainee's performance on each placement should be characterised as 'pass', 'refer' or 'fail'. Normally a trainee must receive a 'pass' for each and every Clinical Competence Goals and Evaluation Form to progress.
Where a trainee has received satisfactory reports but, in the judgement of the Course Team, and in particular the Programme Director and Clinical Director, serious doubts are identified through the Appraisal Process concerning her/his clinical/professional competence, either:

(a) further assessment of practical/professional skills is arranged, and/or
(b) future placement(s) are arranged in the light of the concerns expressed. The outcome of any further assessment(s) is considered by the Award Assessment Board in judging the overall performance of the trainee.

5.4.3 Trainee Self-Evaluation of Clinical Competence
(see Placement Handbook Appendix 1.1, Clinical Placement Assessment document).
To support the course emphasis both on reflection and the adult learner model, trainees are required to work alongside their Supervisor(s) to complete Clinical Competence Goals and Evaluation Form (5.4.2 above) and to complete independently the final part of the Form (Trainee’s identification of own strengths and learning needs). This, together with the Supervisor’s evaluation, provides a focus for discussion about the placement with both the Academic and Clinical Tutors.

5.4.4 Reflective Learning Log
To support reflective practice, trainees are expected to maintain a Reflective Learning Log (see section 5.5.1) during their training. This is normally an entirely private document and, although it is not assessed, maintaining the Reflective Learning Log is a compulsory requirement of the course. Trainees are expected to refer to some of the content of their Reflective Learning Log in the context of supervision, or their reflective mentoring group or an appraisal or clinical tutorial. Please note that the Foundation Level Family Therapy course, that is an integrated component of the year one Academic Competence Module, requires the submission of an additional reflective log that is specified in the syllabus for this course and will be formally assessed. This log is submitted along with the Family Therapy Essay and is a requirement for passing the Foundation Level Course with Association of Family Therapy Accreditation. Trainees may wish to keep this particular log, focused on their engagement in learning about systemic ideas, as a stand-alone section of their Reflective Learning Log. Towards the end of their final year trainees submit a reflective piece of coursework (Clinical Study 4). Trainees are expected to draw on material documented in their Reflective Learning Logs for this summative assignment. This provides an opportunity for trainees to reflect on their personal and professional development throughout training in preparation for, and anticipation of, their transition to post-qualification practice.
5.4.5 Clinical Studies

In all, trainees are required to submit four clinical studies during their training:

Year 1:
   a) ‘formulation’ clinical study (3,500 words) from clinical work done in the first part of the first year
   b) clinical study (5,000 words) based on work done during the first year

Year 2:
   a) one clinical study (5,000 words) from clinical work done in the second year

Year 3:
   a) clinical study 4. This will be a reflective assignment, (details to be provided)

In addition to these there is a Psychotherapy Process Study (see section 6.17) in the second year ‘Research Module’. The data for the Psychotherapy Process will be collected during the second placement. This clinical study forms part of the research portfolio.
Guidelines on the preparation of non-research clinical studies can be found in the Placement Handbook. It is a requirement that 2 of your Clinical Studies present formulations that draw predominantly on a CBT and systemic model (one for each).

5.4.6 Standardised Clinical Assessment

The Course Team is currently reviewing national guidelines for accrediting competence in the use of psychometric assessments. Further details of this will be made available as soon as possible. However, trainees will be required to demonstrate their competence in test use through opportunities to be observed in their clinical practice.

5.5 Evaluation of Academic Knowledge

5.5.1 The Reflective Learning Log (RLL)

The Reflective Learning Log is a private journal in which trainees reflect, question, record and make connections about roles, relationships, events, contexts, processes, reading and other learning material that interest and challenge them throughout their development as trainee clinical psychologists. It is an opportunity to document particularly relevant points in
the individual learning journey and, as such, the content is likely to make reference to reading material (including novels), conferences and events that have been attended, aspects of the learning opportunities provided by the programme and current social, political and professional issues that arise during training. The log may be used to record comments on material that the trainee found particularly valuable and inspiring, and reflect on the breadth and depth of the reading, including the trainee’s view of perceived gaps and how these might be remedied. It is useful to have your RLL with you at appraisal meetings.

The reflexive scientist-practitioner continues to question, reflect and learn throughout his/her career, taking into account a range of perspectives, and is aware of his/her own impact on the world around him/her, and of the impact of the work on him/her. The purpose of the Reflective Learning Log is to help trainees establish a reflexive approach: questioning, continually learning and being aware of the mutual interaction between the world and themselves; thus enabling them to be proactive rather than reactive in their work and sensitive to the concerns of others.

Each trainee will develop his or her own particular approach to keeping his or her Reflective Learning Log. Trainees may wish to reflect on a number of issues that arise for them in connection with their development as clinical psychologists. Examples might include, emotional responses to clinical material, reading or teaching that capture interest or stimulate debate and disagreement, relationships with clients and colleagues, service issues, past experiences, current life events, hopes or fears for the future, media reports, political, social or cultural events, etc. Trainees may wish to reflect on any satisfactions, tensions, dilemmas and conflicts of values associated with social identities that change and emerge through training, in particular professional identity, scientist/researcher identity, practitioner identity, and personal identity.

Content and frequency of entry in the journal is left entirely to the trainee. Most trainees will add to their journal at least weekly, or whenever something comes up that particularly interests or challenges them. Entries may be in various forms: notes, prose, poems, sketches, pictures, diagrams, mind maps, etc. You may prefer to keep your Log electronically, in an ongoing manner, updating it on a regular basis. Trainees may find it helpful to combine a reflexive commentary with an ongoing record of key readings and events attended.

The Reflective Learning Log will resource the material drawn upon to complete the reflective piece of coursework required for the Clinical Practice Module in year three (Clinical Study 4). In additions to this in Year 1 Trainees are required to keep a separate Reflective Log to submit as a course requirement for the Foundation Level Family Therapy course. Details for this will be given when this course begins.
Useful Guidelines for keeping your Reflective Learning Log

The following questions, adapted from Winter and Munn-Giddings (2001), are offered as a possible framework for critical reflection. Trainees may find it helpful to substitute or add others of their own, along similar lines, so as to develop their own approach to critical reflection:

- Welcoming Challenge:
  - what is there in this (incident, relationship, information, etc) that I find surprising, interesting or challenging?
  - why does this interest/challenge me?
  - was I expecting something different, and if so, what?
  - what does this tell me about the situation and myself?

- Analysing Interpretive Judgements:

  Given my first interpretation of this (incident, relationship, information, etc.):
  - what are its origins in my values (personal/political/professional), my feelings, my general ideas about this sort of incident, relationship, etc?
  - what personal experiences lie behind these values, feelings, ideas?
  - someone else, with different personal experiences, might bring quite different but equally relevant values, feelings and ideas - so what alternative interpretations might be made?

- Thinking about the Context:

  Given the situation/relationship/information:
  - what is the relevant social context and how does it impact on the situation and me?
  - what are the tensions: dilemmas/disagreements/power differences/inequalities?
  - what is the origin of these tensions/inequalities?
  - what possible lines for future development do these tensions/inequalities suggest?
  - how may my actions impact on the social context and the situation?

- Going Beyond Initial Interpretation.

  These questions are designed to help us go beyond our initial response to situations; in some ways summing up the questions above:
o what is my first reaction in this situation?
o what else is influencing this situation?
o how might this situation be understood in contrasting ways?
o what are my values, feelings, theories and ideas about this and what are their origins and what do these tell me about my original interpretation?
o what else do I need to do or find out so as to develop further understanding?
o how might I apply and connect this understanding with other learning?
o are any possible questions for future research raised through this reflection?

Trainees can be as open as they wish in their journal because it is private and does not have to be handed in. However, it is a compulsory part of the course and trainees must demonstrate, through discussion in tutorials, reflective groups and clinical supervision, that they are keeping a journal and using it to help their learning and development (see also Section 5.4.4). The log is an indication of the trainee’s personal learning journey and trainees are encouraged to share material they have found inspiring and useful with other trainees and members of staff.

5.5.2 Critical Journal Review Essay

During the first academic year trainees will be required to write an essay critically reviewing, comparing and contrasting journal articles or equivalent material (e.g. book chapters) based on contrasting research paradigms.

Review of Journal Articles

Trainees are required to submit one piece of coursework that incorporates, and may integrate, two brief reviews: one of a qualitative article and one of a related quantitative article. This should be a total of 3,000 words. We hope that this exercise will mirror the professional activities of reading and critically evaluating journal articles that are part of the journal editing and peer review process.

Broadly, we suggest that each paper is reviewed as follows:

1. Start your review with a brief summary of the core content and results of the paper.
2. Provide a critique showing evidence of your ability to appraise the article. In general, the critique is likely to comment on some of the following issues:

- Your appraisal of the particular emphasis or focus of the article
- Any perceived omissions and oversights
- The article’s relevance to clinical practice
- The article’s theoretical coherence and logical structure
- The connection with other relevant literature
- Whether or not the article draws upon an evidence-base
- Any other constructive points that you consider to be important

Through this systematic approach, trainees are then encouraged to integrate their responses to both articles, to make suggestions about their relative contributions to the field. We encourage trainees in this work to explore different frameworks for evaluating qualitative and quantitative research to help them to structure the work and develop a deeper analysis.

5.5.3 Essays

Trainees are required to submit two essays to publication format in APA6. Course work is submitted electronically via Moodle. The first occurs towards the end of the first period of teaching. It integrates trainees' prior experiences, service receiver and carers perspectives, the professional roles and services which Clinical Psychologists inhabit, the current and future challenges and innovations. It aims to integrate theory, practice and reflection.

a) The first will be set during the first period of teaching and will link into orientating trainees towards contemporaneous professional issues and the role of clinical psychologists in collaboration with service receivers and carers. The title and indicative reading will be set at the discretion of the course team to reflect current issues.

b) The second essay relates to the learning on the systemic family therapy foundation course taken in the first year and will be determined by the Module Lead.

Essays should be six to eight pages long (3,000 words). Assessment criteria are available in Appendix 3b). For all essays, the Reference section should not exceed 500 words and is included in the word count.

5.5.4 Problem-Based Learning Exercises

The use of Problem Based Learning (PBL) on the Plymouth Programme dates back to 2002 when previous cohorts took part in a pilot study as part of a research project that had substantial funding from HEFCE. The project ran until December 2005 and provided evidence that trainees had benefited from the introduction of PBL activities. Problem-based learning will constitute a notable part of your learning and evaluation process and we shall be preparing you for this particular method of learning during your first teaching period.
Problem-based learning has been used extensively in many areas of higher education, most particularly in the training of medical students since the 1970s. We have introduced problem-based learning to the curriculum because we believe, on the basis of considerable evidence, that it has a number of educational advantages. Problem-based learning is characterised by the following:

a. It uses stimulus material (in this instance clinical cases or situations) to engage trainees in consideration of the problem in the same context as 'real life'

b. Information is not given on how to tackle the problem

c. Information is given to help clarify the problem and how it might be approached

d. Trainees work co-operatively in small groups. You will receive some guidance about useful ways of organising your group so as to work effectively and efficiently together but this is something that you will also learn through experience. If required, members of the course team can be available to facilitate the process.

e. Learning that has occurred is summarised and integrated into the trainees' existing knowledge and skills

f. Work is carried out intensively into one problem over a period of time

g. The group prepare for a presentation that is assessed by a panel

Within the curriculum, PBL will not be used to replace, but to complement and facilitate learning from the more traditional teaching seminars. Five problem-based learning exercises will be given, one associated with the Service Evaluation Case Study and two each year, associated with the clinical settings that you will be working in during your clinical placements. It is intended that the PBL exercises will increase the opportunities to integrate theory and research knowledge derived from more formal teaching with practice right from the beginning of the Programme. The clinical problems will cover a range of learning areas taken from the work of practising clinical psychologists and more general learning objectives which relate to the core competencies for practice. They may be based around clinical casework or involve service or wider social and contextual issues. Trainees will work on the PBL exercises in their assigned groups usually throughout the time spent on extended periods of teaching although it is anticipated that PBLs may also be worked on during Private Study time. However, one of the PBLs will be based around a Service Evaluation and will provide a starting point for pairs of trainees to carry out this particular component of the course work. The pairings of trainees for the Service Evaluations will be 'geographically convenient' so that trainees can continue to work on their Service Evaluations during placement time. In addition to the formally assessed PBL exercises other topics may be presented using this method of teaching and learning or variations of group based problem solving.

For the larger PBL groups, trainees will be encouraged to nominate a chair and scribe for their PBL meetings who will record actions to be taken by
group members. Trainees will then work independently, contributing to the group’s goals of finding solutions to the problems raised within the clinical case. Trainees will be expected to draw on a wide range of resources, including their own past experience, the library, the internet and electronic data bases, and information from teaching sessions to tackle the PBL exercises.

The PBL groups will be expected to meet using a combination of allocated teaching time, study time and ‘end of day’ slots to bring together, to debate and to analyse their contributions before organising these into their presentation.

For most trainees this will be a new and quite different way of working. In recognition of this fact, the first three PBL exercises completed during the first year enable trainees to learn about the process of working within a PBL framework as well as addressing learning outcomes for the Research and Academic components of the teaching. This means that feedback will be plentiful and the quality of presentations will not be expected to be as high as that reached in the second year. (This is in line with the course position that trainees’ performance needs to be considered in the context of their stage of training). The format for the PBL comprises a group presentation to the whole cohort with assessment by a panel comprising members of the Course Team and specialists in the particular area of the PBL problem, as well as service users and carers. There will therefore be opportunity for peer review of the work as well as formal assessment by the course.

The group presentations will last 40 minutes each and it is anticipated that within this time groups will allow between five and ten minutes for questions. In preparing the presentation, the group will be expected to show that they have:

a) Addressed any specific questions raised in the PBL exercise.

b) Given a clear statement of the problem.

c) Considered the therapeutic alliance whether it be with a client, client group or system

d) Considered the perspective of the client, client group or system and demonstrated values of respect, compassion and dignity.

e) Psychological assessment – planned a systematic assessment, including an assessment of risk, and gathered a good range of information from a variety of sources to help put the problem in context and to add to the understanding of the problem.

f) Critically considered the strengths and limitations of the information.

g) Shown respect and understanding for the knowledge and theories held by clients and other professional groups. Where appropriate, identified the major bio-psychosocial factors pertinent to the clinical problem.

h) Formulation – reached a clear and concise formulation derived from theory/research and taking into account the assessment. The Formulation should show an increase in sophistication across the four exercises with evidence of an awareness of the range of conceptual frameworks for
understanding psychological distress and well-being (e.g. medical model, diagnostic categories and user perspectives). The role of structural factors, such as cultural background, gender and socio-economic status in the development of psychological distress and well-being, should also be recognised.

i) Intervention – made plans for an intervention, which follows from the formulation. An awareness of the strengths and limitations of evidence-based practice should be increasingly evident as should the ability to recognise when innovation in intervention or service provision will provide the best solution to the problem(s) posed.

j) Evaluation – given consideration to how the intervention might be evaluated and what the outcome is likely to be in the case given the theory and research relevant to the case.

k) Considered risk, assessment and management.

l) Critical evaluation – shown evidence of critical reflection both on the content and process of the PBL exercise, as well as any relevant professional issues.

Further information and guidelines will be provided for the research PBL that is concerned with Service Evaluation (see also section 5.14)

The group exercise will also be assessed on aspects of process:
- Task and role allocation
- Group working
- Time Management
- Management of comments and questions

Finally, the exercise will also be rated in terms of the presentation skills such as audibility, eye contact, and quality and use of visual aids. Groups may use flip charts, OHPs or PowerPoint, slides, role-play, and the creative arts to illustrate their presentations. (See Appendix 3c for this).

We have found in the past, that most PBL groups like to collate written material arising from the group members’ preparatory work. For marking purposes it is only necessary to provide additional material (such as handouts, reading lists and PowerPoint presentations) where this is necessary in order to cover the criteria for assessment of the presentation. This is sometimes useful when the final performance has been more creative and artistic, requiring some accompanying theory provided as handouts. We do not expect to see volumes of background material, although PBL groups may well benefit from the pooling and sharing of individual member’s work for the purposes of learning. For example, some groups assemble a resource pack together containing key reading material and other valuable contributions to support one another.
The Programme acknowledges that trainees have usually invested considerable time and energy into the PBL exercises and we hope to provide extensive feedback given verbally by the Panel on the same day and followed up by written feedback and opportunities for further learning and reflection. **NB All trainees are expected to collaborate actively and fully in the group exercises and this includes co-operating with peers in allocating study time to un-facilitated group work.**

In the event of a trainee being absent for the days set aside during teaching for the Problem-Based Learning Exercise work or the group presentation then alternative arrangements for the trainee to complete the coursework (or an alternative to be decided by the Course Team) will be made at the earliest possible time.

### 5.6 Evaluation of Research Skills

Trainees complete a number of different assessments relating to each research project. These include:

**Service evaluation (conducted in year 1 and submitted in year 2).**
- PBL Spring year 1 to clarify ideas
- Outline proposal, late spring
- Service evaluation report and individual critique, submitted in December year 2

**Psychotherapy Process Study (conducted and submitted in year 2)**
- Outline proposal for psychotherapy process study (Autumn/Spring year 2).
- Case Study: Psychotherapy Process Study Report (Summer Year 2).

**Major Thesis (developed through all 3 years).**
- Outline Project Proposal (submitted end of year 1)
- Full Project Proposal (submitted Autumn year 2).
- Journal Article (draft): Literature Review or Conceptual (submitted Autumn year 3)
- Journal Article (draft): Empirical (submitted summer year 3).

Detailed guidelines for the completion of each research component are found in Section 6 - 'Research Modules'.

### 5.7 Oral Examinations

A compulsory oral examination on the Research Portfolio and relevant clinical and professional issues takes place in July of year three.
When possible opportunities will be provided for trainees to meet with External Examiners in years one and two to provide trainees with the opportunity to discuss, as a group, their progress on the course.

Occasionally oral examinations may be held in years one and two to support decision-making; for example, in deciding whether failures in assessment should be condoned. In this event, the individual trainee concerned is invited to attend an oral examination, conducted by a panel comprising the Chair of the Award Assessment Board, the Programme Director and an External Examiner, together with one other member of the Award Assessment Board appropriate to the focus of the examination.

5.8 Presentation and Submission of Coursework

5.8.1 Presentation of Coursework

Coursework should be formatted following APA6 guidelines.

- Coursework should be typed in double-spacing using Times New Roman, 12 point text.
- A running head should be used on all pages in APA6 formatting (see appendix 3d) a maximum of 50 words, right justified in capitals.
- There should be margins of 30mm on the left and a minimum of 15mm on the right to allow sufficient space for comments and any temporary binding. Top and bottom margins should be around 15-20mm
- Script pages should be numbered and appendices clearly identified and numbered
- A word count must be provided for all coursework except for Reflective Learning Logs (unseen) and the Clinical Placement Assessment to include the reference section. The word count should be clearly displayed under the title for the assignment. The word count includes cited references within the script and has a 10% variance (under or over) relative to the specified length.
- Trainees should not put their names on the coursework script itself as some items of coursework are anonymously marked
- All coursework should be submitted through Moodle, and re-submissions should include a covering letter detailing how the markers comments were addressed and highlighting the changes made in the document.
- APA6 referencing must be used for all coursework (see Appendix 3d)
- All tables and figures should conform to APA6 formatting (see Appendix 3d).
- Turnitin – All coursework is submitted electronically via MOODLE. It should be run through Turnitin and a receipt attached as proof of the originality of the work

5.8.2 How to Submit Coursework

- All coursework is now submitted through Plymouth University’s electronic system, Moodle. Assignments can be found on the Moodle page, with details of how to submit.
• All submissions should be in MSWord format, or a format readable through MS Word.
• Submissions should be submitted as one document, unless prior permission has been obtained for multiple documents. This is with the exception of re-submissions, where an additional tracked changes document and letter of resubmission depicting changes can be submitted.

• You are required to complete and sign a coursework form (Appendix 4d) and attach it to your submitted coursework. You also need to complete a separate practice form when submitting a practice booklet/portfolio/schedule. Please refer to your current ‘Assess in Practice’ guidance (module handbook and/or practice learning guidelines/mentor handbook).

• You must sign and date the declaration on the Coursework Form that confirms that you have complied with University Regulations and maintained confidentiality. (Note: If the coursework is being marked anonymously a separate Coursework Declaration Form will need to be completed. You will be advised on the procedure to be followed).

• If you fail to submit a signed and completed coursework form with your coursework you will be sent a standard letter by Programme Administration with a coursework declaration for you to sign and return immediately. Please note that your provisional mark will not be released until we have a signed coursework declaration from you. The envelope should be addressed to ‘Programme Administration’ (or relevant Academic Partnership equivalent) and clearly marked ‘Coursework Declaration for Module (insert University module code)’. Programme Administration will then marry up your declaration with your original coursework so that it can be duly processed.

• Coursework forms are used to record comments and grades awarded by markers and to provide feedback on your summative coursework and practice booklet (if appropriate).
  We moved to electronic submission throughout the course in 2016, and have found that this enables trainees to submit more easily from dispersed locations. It also means that coursework can be returned and collected more easily by trainees.

• All coursework and practice booklets/portfolios/schedules must be submitted by 16.00 hours on the notified submission date via the Moodle site.

• Summative module coursework/practice documents that are submitted after the required submission date/time will be dealt with in accordance with University Regulations. Please refer to the Plymouth University
academic regulations, notes for guidance and procedures for taught programmes. This information can be accessed at https://www.plymouth.ac.uk/student-life/academic-regulations

- If you anticipate that you will be unable to meet a submission deadline due to adverse personal circumstances, you are strongly advised to refer to the Plymouth University regulations as above. In particular, you should consult the section on Late Coursework and Extenuating Circumstances. You should also consult this section if you judge that the standard of your work during the period of preparation has been affected by adverse personal circumstances. If you wish to have these circumstances taken into consideration by the appropriate extenuating circumstances panel you must complete an extenuating circumstances form and comply with the guidance in the Plymouth University student Handbook. This procedure also requires the submission of corroborating evidence from an independent third party for both theoretical and practical assignments. Further details on what does and doesn’t constitute grounds for extenuating circumstances can be accessed in the Student Handbook at https://www.plymouth.ac.uk/student-life/your-studies/essential-information/exams/exam-rules-and-regulations/extenuating-circumstances

Please note that 'Computer problems, corrupt data, disk or printer failure or similar' do not constitute grounds for extenuating circumstances. However, if work is late because of disruptions to the University’s IT systems, allowance for late submission is legitimate, subject to confirming evidence.

- Extenuating Circumstances forms should normally be submitted before or on the actual date that your summative coursework is due to be submitted. Ensure that you accurately list each module, its code and the elements within that module for which you applying for Extenuating Circumstances. The latest date that an Extenuating Circumstances form will normally be accepted is five working days after the specified submitted date for your summative coursework.

Extensions to deadlines for submission of coursework may not be granted by members of academic staff. A student who misses a deadline or believes that he or she will miss a deadline due to circumstances beyond his/her control should submit extenuating circumstances in accordance with these Regulations. The student will normally be permitted a maximum of 10 working days (excluding any holiday period) from the original deadline for the submission of the work.

Please note that in accordance with the Plymouth University Regulations on Late Coursework and Extenuating Circumstances (section two) the ability to submit late coursework will NOT apply to the resit period for which an absolute deadline is already established, nor will it apply to any other deadline date for marks immediately prior to the Subject Assessment Panels and Award Assessment Boards.
You are strongly advised to contact your Appraisal or Academic/Research tutor for guidance. It is recommended that if you are posting your Extenuating Circumstances form you use Special Delivery. All matters in connection with Extenuating Circumstances are treated in strictest confidence.
• Please note that all correspondence in connection with your programme, module and coursework will be sent to the address that we record as your ‘home’ address. Some trainees will have more than one address whilst registered on the programme – a ‘home’ address and a ‘local’ term-time address. Transcripts and results will automatically be sent to the ‘home’ address. Therefore, if you would prefer your results to be sent to a different address at the end of the year, it is your responsibility to notify programme administration/partnership teachers at your local Faculty of Health main site, in writing, of any change of address or other significant details, e.g. next of kin, from your original registration. The University cannot take responsibility for coursework lost through the system.

5.9 Submission Dates
Details of submission dates can be found on the Programme Page on Moodle (Appendix 4 General Administration)

5.9.1 Late submission of coursework
Please see the section above relating to late submission and extenuating circumstances. If you are experiencing difficulties which may make it difficult to undertake the work required, you should discuss this with your Academic Tutor.
5.10 Assessment of Coursework

5.10.1 Marking Procedures

All coursework is marked either ‘pass’, ‘conditional pass’, ‘refer’ or ‘fail’.

Coursework is marked with regard to the stage of training of the trainees. Thus the achievement of a ‘pass’ grade for the Case Study submitted in Year two will require a much greater level of psychological sophistication than those submitted in the first year. Returned coursework is accompanied by feedback that normally indicates the good points of the work submitted and what could have been done to improve it.

In general all coursework is either double marked or undergoes a moderating procedure. In the unusual situation where there is substantial discrepancy between markers, guidance would be sought from a third party. In exceptional circumstances, the External Examiner’s opinion will be required. All pieces of coursework that are referred or failed will automatically be sent to the External Examiners for ratification.

In general, coursework for the Academic modules is anonymised before marking whereas coursework associated with the Clinical and Research modules will retain your name.

Reflective Learning Logs may be requested by the trainee’s Appraisal Tutor under exceptional circumstances.

Problem Based Learning is assessed by a panel as described above in section 5.5.4.

5.10.2 Types of Assessment

There are two types of assessment with regard to coursework submitted:

- **ungraded** - this category of coursework applies to formative assessment and includes the Reflective Learning Log and the Portfolio of Clinical Experience. These would usually be assessed as ‘satisfactory’. In exceptional circumstances where the work has not been done or is unacceptably incomplete it could be assessed as ‘unsatisfactory’. In this case, ‘unsatisfactory’ indicates that the work requires some remedial action.

- **graded** - this category includes all coursework not mentioned above. Coursework is graded ‘pass’, ‘conditional pass’, ‘refer’ or ‘fail’.

In order to achieve a ‘pass’ grade, all aspects of the piece of work must be completed to an adequate standard and/or some aspects completed to a good/high standard. The quality of the work will be reflected in the written feedback received. This feedback can be explored within the tutorials with Academic and Appraisal tutors.
A refer grade is given where unacceptable weaknesses are found in one or more aspects, requiring significant reworking of the assignment and resubmission. This grade may also be used when an assignment may be conceptually strong in its content but be presented at an unacceptable level grammatically or have an unacceptable level of spelling mistakes. If any major changes are required to bring the submission up to an acceptable standard then the work will be graded as ‘refer’. The marker may detect a recurring weakness in the work of a particular trainee and require this to be modified; in this case it may be that previous work was passed or awarded a conditional pass with appropriate feedback. However, repetition of a weakness is deemed to require further remedial action.

A fail grade is given where sufficient unacceptable weaknesses in one or more aspects are found, such that the work is not considered to be remediable through resubmission. All failed pieces of coursework are sent to the relevant External Examiner for monitoring and comment.

5.10.3 The ‘Refer’ Grade, ‘Conditional Pass’ grade and Resubmission of Coursework

All coursework is expected to reach an acceptable standard within the principle of formative assessment and must achieve a pass mark. As indicated above, when assessed coursework fails to reach the required standard, there are three options available;

Conditional Pass: The Programme has instituted a conditional pass grade for assessed course work. This is based on our experience that some work required further relatively ‘minor’ amendments but did not constitute weaknesses that warranted a referred grade. A ‘Conditional Pass’ is therefore recorded as a ‘pass at first submission with conditions’. Once the conditions have been approved by the marker the coursework is recorded as ‘Achieved at first attempt’. In the event of a trainee failing to complete the required conditions the grade would be revised to ‘Refer’ or ‘Fail’ (see below) and recorded as ‘Not achieved at first attempt’. Refer or fail grades have substantial implications for trainees’ progression on the programme. The award of a conditional pass grade is consistent with work at doctoral level, in that the expected standard is of material publishable in professional journals. These normally have a level of acceptance which is ‘accept with minor corrections’. This usually includes the following:

1. Minor shortcomings of presentation, including typographical, grammatical errors, confusing phrasing or referencing.
2. Minor additional conceptual or theoretical clarification or explanations required to give clarity to an exposition of a point.
3. Additional detail required, for example regarding research participants or, contextual factors.
4. Additional points regarding critique of some areas of content.
5. Additional points of personal reflection.
**Overall** one of the core criteria in using the conditional pass grade is the shortcoming of points of clarification rather than major and substantial omissions or confusions revealing poor understanding. Occasionally some minor re-structuring, such as sub-headings might be involved but usually substantial revisions of the structure of a piece of work will necessitate a ‘refer’ rather than ‘conditional pass’ grading.

Work submitted following a ‘conditional pass’ grade, if passed will, at the discretion of the Award Assessment Board, be recorded as a ‘Pass’ on your student record. If the work remains unsatisfactory, a ‘Refer’ or ‘Fail’ grade will be awarded instead.

Trainees will then be required to resubmit the work on one occasion only following the feedback provided. If the resubmitted work has been substantially improved but still requires minor amendments a ‘Conditional pass’ grade may still be awarded. At this point the trainee has one last opportunity to meet the requirements by completing minor amendments to the marker’s satisfaction. If the conditions are met the work will be recorded as passed at resubmission in the students’ records. If the resubmitted work remains seriously unsatisfactory, the marker will then award a Fail grade. Work that is submitted as a second attempt can only be recorded as a Pass or Fail and a further Refer grade is not an option.

**Referral:** Most commonly trainees will be invited to resubmit the work on one occasion only. Clear guidance as to what changes/improvements are required in order to bring the piece of work up to standard will be given by the marker and moderated by the External Examiner. If the work then still fails to achieve the necessary standard it will count as a failure and the procedures for failure will be applied (see section 5.14). Any resubmissions of coursework are recorded in the trainee’s record of performance.

**Fail:** Occasionally a piece of coursework may be so far away from the required standards, for whatever reason, that it is considered to be irredeemable through the normal resubmission process. Such work will receive a ‘fail’ grade indicating a failure with no option for resubmission and the procedures for failure will be applied.

**5.10.4 Resubmission Deadlines**
Where a ‘refer’ grade or ‘conditional pass’ grade has been given, resubmissions should normally be completed and returned within six weeks of the return date to the trainee for that piece of work. In unusual circumstances the trainee must apply for extenuating circumstances. **It is the trainee’s responsibility to ensure that the referred or conditional pass coursework is resubmitted at the correct time. Failure to do so will automatically result in the coursework being deemed to have achieved a ‘fail’ grade.**
5.11 Return of Coursework and Feedback

Trainees will be notified at the time of submission of the date on which assessed coursework will be returned. This is normally four weeks after the submission date. If coursework has been submitted after the submission date it may not be possible for it to be assessed and returned at the same time as the rest of the cohort. Obviously efforts will be made to ensure that the marking of extended coursework is completed as soon as possible.

Assessed coursework and feedback will be released via Moodle and the Programme Administrator will usually send an e-mail to let you know that the outcome is available. (see 5.8.2). Trainees can expect to receive the annotated coursework script and a feedback sheet showing the agreed mark on Moodle. In cases where the work has been double marked, there may be two feedback sheets, or a single one that incorporates comments agreed by both markers. No feedback sheets are provided for Reflective Learning Logs as these are intended to support the Appraisal system and facilitate adult learning.

In general, in-depth feedback, including guidance on additional work required to amend a Conditional Pass or for resubmission of work awarded a ‘Refer’ will be provided by the marker for that piece of work. Where the trainee is still in doubt, additional support and guidance can be sought from the trainee’s Academic Tutor, Appraisal Tutor or Research Supervisor, as appropriate. Trainees may use Academic tutorials to discuss progress with their coursework.

5.12 Drafts

Members of staff (usually the Academic Tutor or Research Supervisor as appropriate) may be prepared to review and offer informal comments of drafts particularly in cases where a trainee feels unsure about a piece of work (e.g. the first assignment of its type, no previous experience of this kind of assignment, etc.). This needs negotiating in advance as programme staff have high workloads and only work part time so have limited availability. Draft submissions are acceptable in e-mail form. Submission of a draft does not count as submission of the assignment; feedback on a draft therefore will neither influence nor prejudice the final marker’s decision. Trainees should also feel free to approach their Academic Tutors to ask for some general advice about what might be included in a particular piece of coursework and how it might be best organised.

5.13 Model Samples of Coursework Assignments

A range of coursework, sampled from that produced by previous trainees is normally available on request from the Programme Administrator. These are not intended to provide model answers but may help to orient trainees towards the range and standards required for the award of a ‘pass’.
Obviously, examples of any newly-introduced coursework will not be available. Some examples provided by previous trainees are normally available. Some examples of research portfolios are also available on the research pages of Moodle, and hard copies of prior research portfolios are available through the Research Leads.

5.14 Criteria for Failure of Coursework

Any piece of coursework that is deemed to be unacceptable and has received a ‘refer’ grade at first attempt can be resubmitted once following feedback from the appropriate course team member. This is in line with the course’s principle of formative assessment. Resubmission is, therefore, regarded as a corrective process, particularly for unfamiliar assignments, and contributes to the learning process. Where a piece of coursework is passed upon submitting satisfactory amendments following a ‘conditional pass’, it will be recorded as receiving a ‘pass’ grade. Where a piece of coursework is passed upon resubmission following ‘referral’ only, it will be given a ‘pass (R)’ grade indicating that it has been achieved at second attempt.

If a piece of coursework is deemed to be unacceptable following resubmission, it will be marked as a failure and referred for consideration by the External Examiner and for discussion at the appropriate Award Assessment Board.

Although coursework can be resubmitted in accordance with the above principle, the course team would be concerned if individual trainees were being asked to resubmit a significant proportion of their work in any one year. Similarly it would be a cause for concern if trainees were repeatedly being required to resubmit a particular type of coursework as this would suggest that the feedback given was not serving a helpful and remedial purpose.

The coursework has been categorised as follows and is presented here together with the criteria for consideration of failure.

- **Type 1: Essays**

  In accordance with Plymouth University Academic Regulations students may only have two attempts at coursework.

- **Type 2: Research**


  (N.B: this does not include the Outline Project Proposal(s) or the Full Project Proposal because these serve a practical purpose to organise and guide the research project and are often constrained by external factors).
No more than one resubmission of each piece of work will be accepted.

- **Type 3: Clinical Studies**
  
  No more than one resubmission of each piece of work will be accepted.

- **Type 4: Problem Based Learning Exercises**
  
  Problem Based Learning Exercises are assessed via the group presentation that takes place on designated teaching days. Each trainee is therefore marked according to the overall assessment of his/her PBL group’s work. In the event of a group presentation being deemed ‘unsatisfactory’ (i.e. that cannot be passed), feedback will be given and appropriate steps taken to allow for a re-presentation. Where major weaknesses are identified and remedial work has been specified by the assessment panel, failure to comply with a requirement to undertake remedial action could result in grounds for consideration of failure and the matter may be referred to the next appropriate Award Assessment Board.

- **Type 5: Reflective Learning Log**
  
  The Reflective Learning Log is a private journal kept by the trainee and is not assessed formally in any way although keeping it is a mandatory part of the trainee experience. Failure to keep an Individual Learning Log would constitute an overall failure for this piece of required work. Trainees are expected to have their Reflective Learning Logs available at appraisal tutorials to guide discussion of their progress and to reflect on areas of personal and professional development. It may also be helpful to assist trainees in preparing for the Reflective Tutorial group meetings and for their Clinical Tutorial groups. Trainees may well be asked if they are making entries into their Reflective Learning Logs particularly if there are concerns that they are not making appropriate contributions to the different types of tutorial and group meetings. Any difficulties in doing so will be discussed between trainee and the appropriate tutor and may lead to remedial action being suggested. In exceptional circumstances (for example where there may be doubt that the Log exists) the Appraisal Tutor is entitled to request to view the Reflective Learning Log at any time during training and failure to produce this piece of work would be taken seriously and the matter may be referred for consideration at the appropriate Award Assessment Board. The Reflective Learning Log will also be a source of documenting each trainee’s individual learning journey and will be drawn upon to complete Clinical Study 4 at the end of training.

- **Type 6: Clinical Placements - Supervisor Evaluation of Clinical Competence and Portfolio of Clinical Experience**
  
  The trainee’s performance on each placement is categorised as ‘pass’, ‘conditional pass’, ‘refer’ or ‘fail’. Normally a trainee must be rated as ‘pass’ in respect of each and every placement. N.B. Please note, that as with all other course work, if changes are needed to bring the
submission up to an acceptable standard (e.g. aspects of paperwork still require submission), then the work will be graded as ‘conditional pass’. Placement failure is a matter of the utmost gravity and may equate to failure of the course. Where a Supervisor identifies the possibility that a trainee may fail a placement, he/she will contact the Clinical Tutor as soon as possible, and by the mid-placement review at the latest. The Clinical Tutor will consult with both the trainee’s Academic Tutor and the External Examiner. In the case of professional misconduct (as identified through reference to the BPS Code of Conduct for Clinical Psychologists), the procedures, as set out below, are followed:

Where difficulties are encountered, the principle of remediation is followed so that failure is only considered after persistent and appropriate efforts have been made to assist the trainee to overcome the difficulties identified. Such difficulties must be of such a nature that they either:

- represent a potential danger to clients or services, or
- result in the trainee being unable to offer a clinical service of a standard that the clients and services have a right to expect from a trainee clinical psychologist.

The first step is always for there to be additional input and support offered to Supervisor(s) and trainee so that every effort can be made to effect the necessary change(s). Such changes are identified through a consultation process that includes the trainee, Supervisor, Clinical Tutor, Academic Tutor and External Examiner and are clearly specified in writing for the guidance of all concerned. Reference may be made to headings contained in the placement evaluation reports.

The trainee may only be deemed to have failed the placement where the changes set out (as described above) have not only failed to occur despite the best efforts of all concerned, but are also deemed as unlikely to occur in the future. The Supervisor will be supported and guided by the Clinical Tutor, Academic Tutor and External Examiner in the decision to deem a trainee as having failed a placement.

5.15 Progression

5.15.1 Overall Progression and Resubmission Rates

Trainees are required to pass at least two modules in year one in order to proceed to year two and have passed five modules by the end of year two to proceed to year three in order to progress automatically to the next stage. Failure on a particular module will not automatically require the trainee to leave the course but will be a matter for the deliberation of the Award Assessment Board. (see section 3.2 Programme Pathways which also gives details of the awards that are permissible at various exit points in the programme).
The Award Assessment Board may require that progression is conditional upon the completion of additional remedial work, completion or resubmission of outstanding work or an oral examination. In exceptional circumstances, the Award Assessment Board has the discretion to allow a trainee to re-submit pieces of coursework that have failed to meet the course’s requirements in order to progress in their training or to qualify. Where such re-submissions are invited, a specific date by which the coursework must be received will be stipulated.

5.15.2 Provisions in the Event of Failure

Where a trainee fails to achieve the standard required for progression from year two to year three, or opts out at the end of year one, the Award Assessment Board will consider the award of a Post-Graduate Diploma in Applied Psychology subject to the successful completion of a minimum of 120 credits from the Academic and Research Modules. A trainee, who is being considered for the award of a Postgraduate Diploma in Applied Psychology, will be subject to a viva voce examination by the External Examiner. In such cases, the trainee will be given at least two weeks notice of the examination.

(N.B. The PGDipAppPsy will not constitute a professional qualification to practice as a clinical psychologist nor will it permit registration with the HCPC).

Where a trainee fails to achieve the standard required for the final award of the Doctoral degree at the end of year three, or opts out at the end of year two, the Award Assessment Board will consider the award of MSc in Applied Psychology, subject to the successful completion of a minimum of 180 credits from the Academic Competence and Research Modules.

A trainee who is being considered for the MA in Applied Psychology at the end of year two or year three will be subject to a viva voce examination by the External Examiner. In such cases, the student will be given at least two months’ notice of the submission date for the dissertation (if this has been completed) and three months’ notice of the examination date.

(N.B. The MA in Applied Psychology will not constitute a professional qualification to practice as a clinical psychologist, nor will it permit registration with the HCPC, although it is recognised as an academic award at the masters level).

5.15.3 Recommendation for Award

A trainee who satisfies the Award Assessment Board in accordance with Plymouth University Rules and Regulations will be awarded the Doctorate in Clinical Psychology and the Health and Care Professions Council (HCPC) will be advised of their eligibility to register.
5.15.4 Aggregate Award
An Aggregate Award may be conferred in extreme circumstances where a trainee has been prevented from finishing training.

In the unfortunate event of a trainee dying, or becoming incapacitated, during their period of training an aggregate award of the full Doctorate in Clinical Psychology will be made out of respect to both the trainee and their family. This award does not confer eligibility to apply for registration with the Health and Care Professions Council.

5.16 Appeals Procedures
A copy of the appeals procedures can be found on the Plymouth University website www.plymouth.ac.uk/studenthandbook/rulesandregulations

5.17 Fitness to Practise (Plymouth University)

Trainees, on the basis of evidence within the tri-partite arrangement (Placement Supervisor, trainee and members of academic staff) can be excluded from training when they are deemed to be ‘unsuitable for training’. The unsuitability for training criteria may be applied when a trainee is judged unreceptive to training, unprofessional, incompetent, unethical or unsuitable by virtue of attitude and behaviour. Fitness to Practise procedures will also be triggered when a trainee has experienced significant ill health such that his/her ability to undertake either academic work and/or clinical work is in doubt. When such health issues arise the trainee would also be invited to attend an Occupational Health Assessment through their employing NHS Trust. Additional health assessments may also be required. The outcome of these parallel processes (Plymouth University and the NHS) could be to ascertain that the trainee is fit to continue, to identify reasonable adjustments to training, to initiate a break in training, to recommend repeating part of training or to deem the trainee to be unfit to continue. The outcomes may be different with regard to academic work and clinical practice.

Fitness to Practise procedures will follow the University Disciplinary Code of Conduct as set out in the Fitness to Practise protocol: Fitness to Practise Procedures for Students (PU Faculty of Health and Human Sciences). The Faculty of Health and Human Sciences monitors the progress of all students registered on the portfolio of pre-registration programmes particularly in respect of any issues raised related to good health and good character. The Faculty has therefore implemented the Fitness to Practise procedures to assist in this monitoring process. The Faculty Fitness to Practise regulations should be read in conjunction with the University Disciplinary Code of Conduct for Students and in most cases will be used in place of the University Code when concerns arise relating to fitness to practise issues.
A copy of the full Fitness to Practise regulations is available to all students on Plymouth University Intranet.

All judgements concerning unprofessional or unethical conduct shall be made in terms of the Guidelines for the HCPC and BPS Standards of Professional Practice. This procedure will be implemented with an appropriate awareness of any disciplinary procedures that may be initiated within the NHS, but may be applied in its own right.

When a trainee is judged unreceptive to training, unprofessional, incompetent, unethical or unsuitable by virtue of attitude and behaviour, or fails to achieve clinical practise outcomes, the Programme Director will initiate the Fitness to Practise procedures. Trainees are entitled to appeal through the University Appeals procedure through the Office of Independent Adjudication.

Where the nature of the Trainee’s conduct constitutes a psychological or physical danger or risk to themselves, their clients or their colleagues the trainee may also be required to suspend clinical practice.
Section Six: Research Modules

6.1 Introduction

Research training begins in the first year of teaching and continues throughout the three years of the programme. Research training sessions are linked to practical research activities and associated coursework components.

6.2 Research Teaching

The teaching format involves a mix of lectures, handouts, computerised materials, seminar discussions, problem-based exercises, small group discussions, debates and critiques of research plans. As far as possible the sequencing of topics is designed to develop the skills that are required for the subsequent placement or research activity and associated coursework.

6.3 Research Staff

Currently all formal teaching is co-ordinated by a designated member of staff in collaboration with the Programme Director. Other members of the course team address research issues in research supervision groups and in individual supervision of research projects as Internal Research Supervisors (IRS). External Research Supervisors (ERS), who are normally practising Clinical Psychologists based in trainees' host services, also provide support for trainee projects. The respective roles of the Internal and External Research Supervisors, as well as procedures for allocation/choice of Research Supervisors, are outlined in Appendix 2a.

6.4 Aims

Research training is a major emphasis of the course, its increased weighting reflecting the growing need for psychologists to fulfil their research and evaluation role more effectively, subsequent to changes in style and mode of operation of the NHS brought about by the Griffiths Report, the National Health Service and Community Care Act (1990) and the advent of evidence-based practice.

The aim of research training is to equip trainees with the knowledge, skills and attitudes that will enable them successfully to initiate, conduct, collaborate with, and advise others upon, research and service evaluation. This should be of a quality and relevance that, in the longer or shorter term, contributes to the quality of care provided by the National Health Service.
In addition to teaching and skills training, an explicit strategy is adopted to increase trainees’ personal interest in applicable research activities. The unique contribution to healthcare that may be made by psychologists, with their sophisticated knowledge and skills of research and assessment acquired during undergraduate and postgraduate training, is emphasised.

Throughout the course, there is a consistent emphasis upon research methods that are applicable to practical issues and which are viable in a healthcare setting. The teaching is oriented towards the acquisition of useful skills and a realistic perspective on applicable research.

The practical and problem-oriented nature of training is supplemented by the experience gained in conducting and submitting research coursework and responding to the feedback provided.

### 6.5 Objectives

By the end of the course, trainees shall be capable of designing, planning, conducting, analysing and presenting the results of research studies using both quantitative, qualitative and mixed research methods. They will have the opportunity to demonstrate their competence in these activities by the successful completion of a research portfolio and the viva examination.

Trainees will have demonstrated their awareness of the major considerations in the dissemination of research results by selecting a suitable journal for their project-based article and by preparing a manuscript which is, in all respects, ready for submission to the editor. On successful completion of the assessment through the viva examination, the article will be submitted to the journal on the trainee’s behalf.

Trainees will be capable of: designing; planning; conducting; analysing and presenting the results of small scale service evaluation research and psychotherapy process studies.

Trainees will be able to critically evaluate published literature.

Trainees will have acquired knowledge of at least 5 research methods, with detailed in depth knowledge of 2 methods. They will have developed the skills to conduct and interpret a systematic literature review.
### 6.6 Teaching Outline

<table>
<thead>
<tr>
<th>Teaching</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong>&lt;br&gt;12 sessions</td>
<td>o Introduction to research in the NHS&lt;br&gt;o The reflective scientist-practitioner model of research and collaborative research&lt;br&gt;o Foundation in qualitative and quantitative research methods including observation studies, experimental design, descriptive and inferential statistics, narrative, discursive psychology, interpretative phenomenological analysis and thematic analysis.&lt;br&gt;o Formulation and development of research questions in different research paradigms, and choice of methods.&lt;br&gt;o Exploratory data screening, descriptive statistics, inferential statistics&lt;br&gt;o Service evaluation approaches, mixed methods and the political and power implications of conducting service based research.&lt;br&gt;o Ethics and ethics committee</td>
</tr>
</tbody>
</table>

| **Year 2**<br>8 Sessions | o Developing the foundations established in year one to explore the application to research skills including:<br>o Interviewing<br>o Bracketing and reflection in research<br>o Developing data collection methods<br>o Research planning<br>o Progressing ethics applications<br>o Writing skills<br>o Psychotherapy process research methods |

| **Year 3**<br>2 Sessions | o Dissemination of research findings<br>o Further report writing for journal articles<br>o Further data analysis techniques and data analysis groups<br>o Critical and reflective appraisal of research findings<br>o Measure to enhance validity |

### 6.7 Plan of Research Activities

#### 6.7.1 Details of Research Activities

The research activities include:

- **A Research Project** divided into the following elements:
  
  Outline Empirical Project Proposal (max. 1500 words)<br>  Full Empirical Project Proposal (max. 3000 words)<br>  Research Portfolio (see later)
- **Group Service Evaluation Study**
  - Outline Service Evaluation Proposal (max 1000 words)
  - Service Evaluation Report conducted whilst on placement

There will be two components to the Service Evaluation Report:

1) The Service Evaluation Report will be written as a joint activity to be disseminated to consumers of the research e.g. service manager, staff group etc – this is the Service Report (5,000-6,000 words)

2) An individual critique by each member of the team which will include a reflective analysis and methodological critique (2,000 words)

- **Outline Proposal for Psychotherapy Process Study** – this involves a brief outline of a piece of your clinical work with a client, couples, family etc. (300-500 words max)

- **Psychotherapy Process Study**: This involves a reflective exploration of a piece of your clinical work with a client, couple, family or organisation (5,000 - 6,000 words)

### 6.7.2 Plan of Research Activities

<table>
<thead>
<tr>
<th>Year 1</th>
<th>CPSY612 Research 1 Module 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PBL presentation of outline of group service evaluation project (F)</td>
</tr>
<tr>
<td></td>
<td>Outline Empirical Project Proposal (F)</td>
</tr>
<tr>
<td></td>
<td>Group Service Evaluation Proposal (F)</td>
</tr>
<tr>
<td></td>
<td>Critical Journal Review Essay (S)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 2</th>
<th>CPSY615 Research 2 Module 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service Evaluation Report (S)</td>
</tr>
<tr>
<td></td>
<td>Psychotherapy Process Proposal (F)</td>
</tr>
<tr>
<td></td>
<td>Psychotherapy Process Evaluation (S)</td>
</tr>
<tr>
<td></td>
<td>Report of Group Service Evaluation (S)</td>
</tr>
<tr>
<td></td>
<td>Full Empirical Project Proposal (S)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 3</th>
<th>CPSY618 Research 3 Module 9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Journal Article Literature Review (S)</td>
</tr>
<tr>
<td></td>
<td>Empirical Research Project (S)</td>
</tr>
<tr>
<td></td>
<td>Research Portfolio (S)</td>
</tr>
</tbody>
</table>

(F) indicates that there is a formative assessment of the work
(S) indicates that there is a summative assessment of the work

### 6.8 Readings

A list of relevant readings is provided on Moodle for each research module.
6.9 Research Assessment

Coursework assessment is either **summative**, through which the coursework is awarded a grade (either: pass, conditional pass, refer, or fail), or **formative**, through which trainees are given helpful feedback only. The submission of both kinds of coursework is a requirement of the programme.

Criteria for assessment of research coursework can be found in Appendix 2.

6.10 The Research Project

6.10.1 Background

The research project takes place over the whole three years of the course with the initial planning and design starting in year one. An outline proposal is produced at the end of year one, and trainees work on their projects through to submission of a full article at the end of year 3.

The ethos of the research approach takes into consideration the challenging nature of Clinical Psychology research. Trainees frequently develop research problems into particularly sensitive research areas, where ethical issues need very careful consideration. This includes research into rare conditions (e.g. Autism Spectrum Condition) or those involving remote or inaccessible clients (e.g. high-security prisoners), chronic conditions (e.g. Dissociative Personality Disorder) and sensitive or threatening topics (e.g. child abuse). In developing the research we are also aware of the time related challenges – it can be difficult to conduct longitudinal studies, and trainees have to be aware of potential clashes between write up and placement. We try to consider these issues in the evaluation of the feasibility of research at the proposal stage. However, we also encourage trainees to think around the barriers to research so that clinical psychology research can access challenging areas.

6.10.2 Time Allocation

Over the three years of training, the course allows a total of about 105 days (21 weeks) for the research project. Some of this is in the form of dedicated study weeks, some as flexible data collection days and some as weekly study days which are not allocated to other coursework. Projects differ widely in how much time is apportioned to various stages of the topic, but as an approximate guide the time required for various aspects of the main empirical research project might look something like this:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning and initial liaison</td>
<td>5 days</td>
</tr>
<tr>
<td>Preparing proposals, responding to comments</td>
<td>15 days</td>
</tr>
<tr>
<td>Preparing proposals, responding to ethics committee</td>
<td>10 days</td>
</tr>
<tr>
<td>Piloting and preparing measures</td>
<td>5 days</td>
</tr>
<tr>
<td>Setting-up data collection</td>
<td>5 days</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Data collection</td>
<td>25 days</td>
</tr>
<tr>
<td>Data summary and/or analysis</td>
<td>20 days</td>
</tr>
<tr>
<td>Writing up, and preparing article</td>
<td>20 days</td>
</tr>
</tbody>
</table>

### 6.10.3 Ethical Approval

In most cases, trainees must ensure that their research has ethical approval from the Health Research Authority (HRA). The HRA is a new approval process for all research conducted within the NHS, and has been re-designed to reduce the need for both approval by the National Research Ethics Service (NRES) and local NHS Research and Design departments. You will need to liaise closely with your research Supervisor in order to successfully complete the demanding requirements of NRES committees. Additional support is available from Dr. Cordet Smart and Pam Baxter within the University to complete these application forms. Teaching around the organisation of these processes is provided within year 1. **You usually need to allow up to six months from submission of your proposal to the HRA to the granting of approval and the start of data collection.**

While it is normal practice for all research projects to be submitted for scrutiny by the HRA, we wish to be sensitive to local conditions and are aware that, in some instances, it may not be necessary to seek HRA approval, for example, where the project is being conducted in a research-oriented setting with existing ethical approval for such work.

If there is any uncertainty about whether scrutiny by the HRA is necessary for a project, trainees should always consult with their liaison and research Supervisors and, if necessary, a member of the HRA.

In some cases the research may be conducted in settings outside of the NHS. Examples here might be research which is conducted in school settings, Social Services, youth offending teams or voluntary organisations. In these cases it is not necessary to seek approval from the HRA. Approval can instead be given in most cases by the University’s own Ethics Committee. In these cases an application is made to the Faculty of Health and Human Sciences Ethics Committee. Details of how to apply for such approval is available on Moodle, Research 2. However, in some cases, for example voluntary organisations which have close links with the NHS and take NHS clients, the advice is to seek approval through the HRA.

### 6.10.4 Process and Timeline

**Year 1**

- In the autumn of year 1 we hold a research fair where trainees in year 3, staff from the clinical psychology team and the psychology school, and clinical supervisors present their research areas and interests to year 1 trainees. Trainees are free to choose one of the research areas and contact the relevant staff. The staff will then work with the trainees to arrive at ideas which set the basis for their Outline Empirical Project.
Proposal (OEPP).

- Simultaneously, trainees are given requests from clinicians for service evaluations, which they work up over the year, including presenting a formative PBL, and an outline proposal. The work for this is developed over the summer.

- Trainees submit an Outline Empirical Project Proposal (OEPP) (1500 words max) at the end of year 1.

- The Course Team assess the OPP and provide feedback and comments. They consider the feasibility and the importance/significance of the research. A Research Supervisor will be allocated to each trainee at this point.

- In terms of allocation of Research Supervisors, those members of staff who have worked with the trainees to develop the OEPP are usually identified as their Research Supervisors.

For some projects, trainees may benefit from staff members who work in other departments of the University (e.g. Social Work, Health Psychology). These staff members may act as trainees’ second Research Supervisors but the main Research Supervisors should always be one of the Course Team members.

**Year 2**

Once the OEPP is approved, trainees start working on the Full Empirical Project Proposal (FEPP). This includes identifying an interested Clinical Research Supervisor, refining the likely content of the project and clarifying ethical issues. The member of staff allocated as Research Supervisor will support them in their preparation of the FEPP.

- Trainees submit their FEPP in year two (3000 words max).

- Course team assesses FEPP. As part of assessment, the course team will also act as a sub-committee of Faculty Ethics Committee and as such, consider ethical and methodological aspects of the study.

- Once the FEPP is approved by the Course team, trainees start working on the HRA ethics application. **No data collection can start before clearance by the HRA where this is necessary.**

- Ethical approval is received, data collection starts.

  - Trainees submit the draft proposals of their service evaluations and psychotherapy process studies and will be given feedback about the feasibility of these proposals and need to have approval before they can proceed with data collection.

  - Trainees submit the **Service Evaluation Report.**
- Trainees submit an **outline Psychotherapy Study Proposal** and are given feedback about the feasibility and any ethical concerns. They have to have approval before they can proceed with data collection.

- Trainees submit a full **Psychotherapy Process Study Report**.

**Year 3**

- Trainees submit Journal Article I: **Literature Review or Conceptual Article**.

- Trainees submit **Empirical Research Article II** based on research project.

- Relevant coursework is put together in a Research Portfolio and submitted for the end-of-course viva voce examination. (See 6.18, below).

- Trainees’ primary source of research supervision will come from their Research Supervisor, who will be a member of the Course Team. In addition, trainees choose an external Research Supervisor who is a psychologist (or, less commonly, another graduate health professional) located in the service in which they plan to conduct the research. The primary role of the external Research Supervisors is to offer clinical knowledge and expertise and in some cases methodological skills. They also help to arrange for trainees to have access to participants and to act as a link person if the research reveals any need for interventions or follow-up debriefing. Their role may vary and they may also have a wider input into the research at the planning and implementation stage through discussions with the trainees.

- Trainees will draw up a contract with their internal and external Research Supervisors to gain clarity about the time and commitment that they will be able to offer including the frequency of contact and the nature of their interest and expertise. This contract should address the issue of the future authorship of any publications arising from the work.

**6.10.5 Examples of Research Projects**

**2012 Cohort**

Family talk around ASC before their child has been given a diagnosis: proposal and clinical implications

The quality of the relationship between young people and their foster carers (TBC)

Teams and professional talk

Does this child have autism? Exploring team discussions in diagnosing autistic spectrum disorder.

Reconceptualising observation in mental health wards (TBC)

A qualitative study on clients’ perspectives of therapist / psychologist self disclosure of a lived experience of mental health difficulties.
A qualitative study on clients’ perspectives of therapist / psychologist self disclosure of a lived experience of mental health difficulties.

A participatory study to explore the lived experiences of researchers who have ‘learning disabilities’

Father’s experiences of their child’s life limiting condition: An Attachment Focus

Mother and Infant experiences of maternal mentalising in subsequent pregnancy and postnatal period

An exploratory study of adolescents’ experiences of participating in education in natural environments in economically less advantaged areas of Devon – implications for the promotion of equality and well-being

The feasibility of running ‘PremieStart’ mother-infant interaction programme on a Neonatal Unit.

Accelerated Forgetting in Memory Clinics: Developing the Addenbrooke’s Cognitive Examination to detect subtle cognitive changes in Alzheimer’s Disease.

2013 Cohort

Understanding the impact of childhood sexual abuse on pregnancy, childbirth and the postnatal period

An exploration of refugee perception of belonging and resilience following resettlement

An Appreciative Inquiry study into a community for people with disabilities.

The experience of parenting a mixed child in a rural area.

A discursive exploration of decision making and formulation in Community Mental Health Team Meetings.

Developing a greater understanding of gender-variance amongst young people: How experiences impact trans-young people and their siblings.

Psychosis and meaningfulness: a focus group exploration with early intervention teams.
6.11 Guidelines for Preparation of Outline Empirical Project Proposal (OEPP) (1500 words max)

The intention of this outline is to help trainees to start the process of developing their initial research questions and aims into a coherent research proposal. The OEPP is assessed **formatively** such that feedback is offered in order to facilitate the development of the proposal into the Full Empirical Project Proposal (FEPP) which needs to be passed before they can start their data collection.

The proposal should contain the following headings and required attributes:

<table>
<thead>
<tr>
<th>Headings</th>
<th>Required Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>• Concise and indicates the nature of the research</td>
</tr>
<tr>
<td>Introduction</td>
<td>• A very brief literature review</td>
</tr>
<tr>
<td>Statement of aims</td>
<td>• Clear</td>
</tr>
<tr>
<td></td>
<td>• Logically derived from theoretical positions and previous research</td>
</tr>
<tr>
<td></td>
<td>• Of potential clinical value and with potential for contributing to current knowledge</td>
</tr>
<tr>
<td>Methods</td>
<td>• A brief outline of participants and the procedure of the study</td>
</tr>
<tr>
<td></td>
<td>• Qualitative / quantitative / mixed methods</td>
</tr>
<tr>
<td></td>
<td>• Have you spoken to service users about your project?</td>
</tr>
<tr>
<td></td>
<td>• Which member of staff have you spoken to the most regarding your proposal?</td>
</tr>
<tr>
<td>References</td>
<td>• Preliminary reading list</td>
</tr>
</tbody>
</table>

Trainees are not required to give extensive details for all of the above sections. Proposals will be commented on according to feasibility of the proposed project. It can be useful to comment on who might be most suited as a supervisor, and provide an indication of the timeline and any external links that have been established. Noting ethical considerations that will need to be explored is also important.
6.12 Guidelines for Preparation of Full Empirical Project Proposal (FEPP) (3000 words max)

This proposal should contain the following headings and required attributes. It is based on the HRA form which you will need to submit if you are applying for ethical approval with the NHS and Plymouth University. We think this level of detail is appropriate regardless of which ethical committee that trainees ultimately submit to, as it helps to be really clear on the nature of the project. The marking criteria are subtly different and can be found in the Appendix 2d. The headings used in the guide below are those that we expect to be used within the submitted proposal.

<table>
<thead>
<tr>
<th>Headings</th>
<th>Required attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Indicates the nature of the research</td>
</tr>
<tr>
<td>Summary of the Study</td>
<td>A summary of the research (maximum 300 words).</td>
</tr>
<tr>
<td>Statement of aims</td>
<td>Statement of the aims, propositions or guiding hypotheses</td>
</tr>
<tr>
<td>Rationale</td>
<td>A clear rationale for the study, depicting the research problem, and salient current literature.</td>
</tr>
<tr>
<td>Stakeholder Consultation</td>
<td>Statement of how stakeholders have been consulted in the design of the research, and how they will be involved.</td>
</tr>
<tr>
<td>Study design and procedures</td>
<td>An outline of the research design – Qualitative/quantitative/mixed methods? What is the overall organisation of the ways that you will collect data and bring the work together?</td>
</tr>
<tr>
<td></td>
<td>Participants – who will you recruit? What is the sample size? Inclusion / exclusion criteria.</td>
</tr>
<tr>
<td></td>
<td>Methods of data collection – Will you use questionnaires? What questionnaires, why, how have they been developed / why are these appropriate?</td>
</tr>
<tr>
<td></td>
<td>Methods of analysis – How will you analyse the data? What exactly will you do with it when you have it?</td>
</tr>
<tr>
<td>Ethical Procedures</td>
<td>Summary of main issues. Please summarise the main ethical, legal, or management issues arising from your study and say how you have addressed them.</td>
</tr>
<tr>
<td></td>
<td>How long do you expect each participant to be in the study in total and what are the potential risks</td>
</tr>
</tbody>
</table>
and burdens for research participants and how will you minimise them?:

Will interviews/ questionnaires or group discussions include topics that might be sensitive, embarrassing or upsetting, or is it possible that criminal or other disclosures requiring action could occur during the study? (If Yes, please give details of procedures in place to deal with these issues):

What are the potential risks for the researchers themselves? (if any)

Will you obtain informed consent from or on behalf of research participants?

How will you ensure the confidentiality of personal data?

Procedures for ensuring confidentiality, e.g. anonymisation or pseudonymisation of data:

| Dissemination | How do you intend to report and disseminate the results of the study?  
Who will you disseminate your findings to?  
What journal do you intend to target? |

| Feasibility and timescales: | Please outline how you have considered the feasibility of the project. For example:  
How will you ensure access to participants?  
Where will they be recruited from? Have you identified a clinical research supervisor, and how might they support with recruitment?  
What have you learnt from the literature about how best to access your population?  
What skills might you need to gain to complete the project (e.g. AAI training, Statistics training, Conversation Analysis Skills) and how will you obtain these?  
What difficulties might you encounter and how do you plan to overcome these?  
Please include a Timeline for your research. |

| References | Full references correctly quoted in the proposal |

The full proposal should be of sufficient detail to enable the Course team to decide upon:

- the feasibility;
- the adequacy and appropriateness of the design and intended
procedures;
• Whether the methods of analysis are appropriate, and
• the adequacy of ethical considerations.

Copies or short outlines of questionnaires, survey instruments etc. should be attached as appendices. The FEPP is formally assessed (pass, conditional pass, refer or fail) and you must pass this before you can proceed to conduct your empirical research project.

6.13 Guidelines for Preparation of Journal Article 1: Literature Review or Conceptual Paper

This should be a paper written for publication for a chosen journal. This exercise is intended to give trainees the experience of engaging in writing for publication which is not predominantly based on the trainees’ own empirical research. The paper may include explorations of conceptual issues and a variety of forms of material including available empirical research evidence, ‘practice-based evidence’ and reflections from the trainees’ own clinical case work. Trainees are expected to use a systematic strategy for identifying articles to be reviewed, and to assess the quality of these articles using a quality assessment tool. For writing up, trainees should follow the guidelines to authors issued by the journal. The article should be written in the formal style of a systematic literature review. It should consist of the following, and will be evaluated following the guidelines in the research Appendix 2e.

<table>
<thead>
<tr>
<th>Headings</th>
<th>Required Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>• Concise and indicates the nature of the research</td>
</tr>
<tr>
<td><strong>Abstract</strong></td>
<td>• State clearly the aim of the review</td>
</tr>
<tr>
<td></td>
<td>• State the overall results from the review or overall theoretical framework developed in this article</td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>• Clear and convincing exposition of the rationale for the literature review</td>
</tr>
<tr>
<td></td>
<td>• This section will focus the reader on the importance of reviewing the literature in this area.</td>
</tr>
<tr>
<td><strong>Aim / review question</strong></td>
<td>•</td>
</tr>
<tr>
<td></td>
<td>• A clearly defined literature review question or set of aims that it is feasible to assess within the study.</td>
</tr>
<tr>
<td><strong>Review methods</strong></td>
<td>• Clarification of the type of literature review – meta-analysis/ metasynthesis or narrative review, for example.</td>
</tr>
<tr>
<td></td>
<td>• Clear identification of the search strategy, including search terms used, databases searched, and any other search methods.</td>
</tr>
<tr>
<td></td>
<td>• Clear inclusion and exclusion criteria.</td>
</tr>
<tr>
<td></td>
<td>• A flow chart showing how journal articles were selected.</td>
</tr>
<tr>
<td></td>
<td>• Clear depiction of how the quality of the articles was assessed.</td>
</tr>
<tr>
<td></td>
<td>• Clarification of what was done with the articles, e.g. how themes were extracted.</td>
</tr>
</tbody>
</table>
| Results or Findings                     | • Inclusion of a table of articles reviewed.  
|                                       | • Clear organisation of the main findings  
|                                       | • Should include critical evaluation and clearly developed arguments  
|                                       | • Evidence of synthesis of findings  
|                                       | • Evidence of relevant to clinical practice.  
| Discussion                            | • Clear discussion of findings, and how this leads to gaps in the research  
|                                       | • Suggestions for future research (and potentially links to the trainee’s main empirical research project).  
| Structure, style and presentation     | • Clear organisation and presentation of the article  
|                                       | • Accessible style  
|                                       | • Formatted in line with APA6.  
| Reflexive analysis                    | • Reflection on social and political contexts, issues of powers and inequalities. This might come in the discussion section, or might be integrated into the writing throughout, or could be included as an additional section.  
| References                            | • Full references appropriately quoted and listed in the article  

6.14 Guidelines for Preparation of Journal Article II: (Empirical)

The article should be in the format of a journal paper and there will be some variations according to the journal that has been targeted for publication. There may also be some variation in the format according to whether the research is predominantly qualitative or quantitative in nature. Quite a few required attributes (see below) are shared by both qualitative and quantitative projects.

Nevertheless, there are some criteria which are unique for qualitative projects and quantitative projects.

Required general attributes for both hypothetico-deductive research projects (quantitative) and qualitative research projects:

<table>
<thead>
<tr>
<th>Required attributes</th>
<th>General considerations (both quantitative &amp; qualitative)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Competence as an applied researcher in planning, implementing, analysing and reporting the study; assessed by Supervisors and considered in the viva</td>
</tr>
<tr>
<td></td>
<td>Quality of the article e.g. with respect to publishability standards</td>
</tr>
<tr>
<td></td>
<td>Defence of the research in an oral with the External Examiner</td>
</tr>
<tr>
<td></td>
<td>Consideration of circumstances relevant to performance; such as availability of participants and support</td>
</tr>
<tr>
<td></td>
<td>Ability to reflexively critique the research and show understanding of the multiple perspectives of stakeholders involved in the research</td>
</tr>
<tr>
<td></td>
<td>Adherence to ethical guidelines and procedures</td>
</tr>
</tbody>
</table>

i) Presentation and clarity
- Continuity and sequencing of the text
- Clearly structured
- Readability
- Economy of expression
- Complete referencing

ii) Integration and coherence
- Wholeness, rational links between parts
- A thread through formulation, hypotheses/research questions, methods used, results obtained and discussion in relation to the original formulation

iii) Contribution to knowledge and applicability
- Has this research addressed gaps in literature?
- Relevance of the research question in clinical practice

iv) Originality and creativity
- Independence
- Originality of the conception
Required sectional attributes for quantitative article:

<table>
<thead>
<tr>
<th>Sections</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>• Concise and indicates the nature of the research</td>
</tr>
<tr>
<td>Abstract</td>
<td>• States clearly the aim of the article</td>
</tr>
<tr>
<td></td>
<td>• States the method used in the study</td>
</tr>
<tr>
<td></td>
<td>• States the results of the study</td>
</tr>
<tr>
<td></td>
<td>• States the conclusions of the study</td>
</tr>
<tr>
<td>Review of relevant literature</td>
<td>• Knowledge of theory and of methodology</td>
</tr>
<tr>
<td>Statement of research problem</td>
<td>• Emerges from and is linked to the literature review in the introduction</td>
</tr>
<tr>
<td></td>
<td>• Clear statement and hypotheses, research questions</td>
</tr>
<tr>
<td>Methods of enquiry</td>
<td>• Clear account of criteria used to select the sample</td>
</tr>
<tr>
<td></td>
<td>• Data gathering methods and design of the study appropriate for purpose</td>
</tr>
<tr>
<td>Analysis of data</td>
<td>• Appropriate and justified; why analyses done; how done.</td>
</tr>
<tr>
<td></td>
<td>• Linked to hypotheses and research question and aims in a structured manner</td>
</tr>
<tr>
<td></td>
<td>• Reporting statistics on reliability</td>
</tr>
<tr>
<td></td>
<td>• Clear specification of data collection, organisation and analysis methods</td>
</tr>
<tr>
<td></td>
<td>• Clear account of analysis, e.g. statistics analysis</td>
</tr>
<tr>
<td>Discussion</td>
<td>• Summarise and discuss main findings - Linked to literature review, formulations and hypotheses or research questions</td>
</tr>
<tr>
<td></td>
<td>• Generalisability and focus</td>
</tr>
<tr>
<td></td>
<td>• Linking conclusions, generalisations to the data</td>
</tr>
<tr>
<td></td>
<td>• Findings related to theory and clinical practice</td>
</tr>
<tr>
<td></td>
<td>• Section on limitations and improvements</td>
</tr>
<tr>
<td></td>
<td>• Pointers to future work</td>
</tr>
<tr>
<td>Conclusion</td>
<td>• Clarity of the statement of conclusions</td>
</tr>
<tr>
<td>References</td>
<td>• Full references appropriately quoted and listed in the article</td>
</tr>
</tbody>
</table>
### Required sectional attributes for qualitative article:

<table>
<thead>
<tr>
<th>Section</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>• Concise and indicates the nature of the research</td>
</tr>
<tr>
<td><strong>Abstract</strong></td>
<td>• State clearly the aim of the article</td>
</tr>
<tr>
<td></td>
<td>• State the method used in the study</td>
</tr>
<tr>
<td></td>
<td>• State the results of the study</td>
</tr>
<tr>
<td></td>
<td>• State the conclusions of the study</td>
</tr>
<tr>
<td><strong>Review of relevant literature</strong></td>
<td>• Knowledge of theory and knowledge of methodology</td>
</tr>
<tr>
<td><strong>Statement of research problem</strong></td>
<td>• Emerges from and is linked to the literature review in the introduction</td>
</tr>
<tr>
<td></td>
<td>• Clear statement and guiding propositions, research questions</td>
</tr>
<tr>
<td><strong>Methods of enquiry</strong></td>
<td>• Clear account of criteria used to select the sample</td>
</tr>
<tr>
<td></td>
<td>• Data gathering methods and design of the study appropriate for purpose</td>
</tr>
<tr>
<td></td>
<td>• Consideration of the effects of the relationship between the fieldworker and the participants, and of any briefings or explanations given to participants</td>
</tr>
<tr>
<td></td>
<td>• Steps taken to minimise limitations and weaknesses of the methods chosen</td>
</tr>
<tr>
<td><strong>Analysis of data</strong></td>
<td>• Appropriate and justified; what and why analyses done; how done.</td>
</tr>
<tr>
<td></td>
<td>• Linked to guiding aims and research question and aims in a structured manner</td>
</tr>
<tr>
<td></td>
<td>• Clear distinction between data and interpretations</td>
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<tr>
<td></td>
<td>• Clear specification of data collection, organisation and analysis methods</td>
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<tr>
<td></td>
<td>• Clear account of the analysis e.g. audit trail and use of verbatim extracts</td>
</tr>
<tr>
<td></td>
<td>• Provision of credibility and validity checks e.g. checking findings with original informants</td>
</tr>
<tr>
<td></td>
<td>• Independent analyses by another rater</td>
</tr>
<tr>
<td></td>
<td>• Grounding in example-provision of sufficient original data to justify conclusions</td>
</tr>
<tr>
<td><strong>Discussion</strong></td>
<td>• Summarise and discuss main findings</td>
</tr>
<tr>
<td></td>
<td>• Evaluate contribution to research</td>
</tr>
<tr>
<td></td>
<td>• Linked to literature review, formulations and hypotheses or research questions</td>
</tr>
<tr>
<td></td>
<td>• Applicability of the research findings to clinical practice. Limits to generalisation specified in terms of context and participant characteristics</td>
</tr>
<tr>
<td></td>
<td>• Clean link of conclusions with guiding aims, themes</td>
</tr>
<tr>
<td></td>
<td>• Section on limitations and improvements</td>
</tr>
<tr>
<td></td>
<td>• Pointers to future work</td>
</tr>
<tr>
<td></td>
<td>• Making clear your reflective analysis: explicit personal perspectives and values which may be relevant to the design, analysis and interpretation of the study</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>• Clarity of the statement of conclusions</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>• Full references appropriately quoted and listed in the article</td>
</tr>
<tr>
<td>Section</td>
<td>Attributes</td>
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<td>---------------------------------------------------------------------------</td>
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<td></td>
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<tr>
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</tr>
<tr>
<td></td>
<td>• Data gathering methods and design of the study appropriate for purpose</td>
</tr>
<tr>
<td></td>
<td>• In addition, the following attribute might also be relevant for articles with mixed methods</td>
</tr>
<tr>
<td></td>
<td>• Consideration of the effects of the relationship between the fieldworker and the participants, and of any briefings or explanations given to participants</td>
</tr>
<tr>
<td>Analysis of data</td>
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<td></td>
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<tr>
<td></td>
<td>• Clear account of analysis, e.g. statistics analysis</td>
</tr>
<tr>
<td></td>
<td>• In addition, the following attributes might also be relevant for articles with mixed methods</td>
</tr>
<tr>
<td></td>
<td>• Clear distinction between data and interpretations</td>
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<tr>
<td></td>
<td>• Clear specification of data collection, organisation and analysis methods</td>
</tr>
<tr>
<td></td>
<td>• Clear account of the analysis e.g. audit trail and use of verbatim extracts</td>
</tr>
<tr>
<td></td>
<td>• Provision of credibility and validity checks e.g. checking findings with original informants</td>
</tr>
<tr>
<td></td>
<td>• Multiple qualitative analyses with independent auditor or verification by repeating analyses</td>
</tr>
<tr>
<td></td>
<td>• Grounding in example-provision of sufficient original data to justify conclusions</td>
</tr>
</tbody>
</table>
### Discussion
- Summarise and discuss main findings
- Evaluate contribution to research
- Linked to literature review, formulations and hypotheses or research questions
- Applicability of the research findings to clinical practice. Limits to generalisation specified in terms of context and participant characteristics
- Clean link of conclusions with guiding aims, themes
- Section on limitations and improvements
- Pointers to future work. In addition, the following attribute might also be relevant for articles with mixed methods
- Making clear your reflective analysis - explicit personal perspectives and values which may be relevant to the design, analysis and interpretation of the study

### Conclusion
- Clarity of the statement of conclusions

### References
- Full references appropriately quoted and listed in the article

Possible journals for intended publications include:

- Psychology and Psychotherapy; theory, research and practice
- Journal of Family Therapy
- Family Process
- Journal of Counselling Psychology
- Journal of Consulting and Clinical Psychology
- British Journal of Clinical Psychology
- British Journal of Health Psychology
- British Journal of Medical Psychology
- Psychology and Health
- Journal of Psychosomatic Research
- Psychosomatic Medicine
- Psychiatry Research
- Journal of Health Psychology
- Journal of Child Psychology and Psychiatry
- British Journal of Psychiatry
- Clinical Psychology and Psychotherapy
- Journal of Traumatic Stress
- Journal of Mental Health
- International Journal of Eating Disorders
- The Journal of Critical Psychology, Counselling and Psychotherapy
- Clinical Psychology Review.
- Clinical Child Psychology and Psychiatry

(The list is not exhaustive and you should not be limited by it)

### 6.15 Policy on Publication of Trainee Research

After the viva and once final corrections have been approved by the examiners, it is mandatory that trainees submit their research to an appropriate journal. Evidence of submission is required as part of the final submission requirements.
With the approval of their Research Supervisors, trainees are allowed to submit their articles to journal before the viva.

6.15.1 Authorship of Research

Trainees will normally have input to their research and literature review from their internal Research Supervisor and their external Research Supervisor. Depending on the relative contributions that have been made, it is expected that the trainee will be the first author, the internal Research Supervisor the second author and the external Research Supervisor will be the third. However, other people may be included if they have made a significant contribution and the order of authorship may be negotiated differently.

A significant contribution is considered as:

1. the provision or development of the original idea
2. a substantial involvement in the honing of research aims, questions or hypotheses
3. a major contribution to the research design and methodology
4. a major involvement in determining or developing the data collection methods
5. a major role in shaping or conducting data analysis
6. taking the lead in writing the article and steering it through the process of publication

An individual other than the trainee (e.g. one of the Supervisors) might legitimately be a first author if they take the lead in writing the article and make other contributions as well, and an individual other than the Supervisor might merit an authorship if they had made a substantial contribution (e.g. Liaison Supervisor or Research Advisor).

The provision of circumscribed statistical advice, computing expertise (unless an integral part of the project), general 'pastoral' support, access to participants or general teaching might rate an acknowledgement rather than an authorship.

6.16 Guidelines for Preparation of Service Evaluation Studies

This substantial piece of work will be conducted as a shared activity (normally two trainees working together). Pairing of trainees is based on geographical proximity to the service where the evaluation has been requested. A list of requested projects will be provided by Service Heads for you to choose from. The project will commence as a Problem Based Learning (PBL) activity at the start of year one. The evaluation will be conducted in the child and family and LD services such that your data collection will take place in the first year in these placements. Write up of the project will take place in year two.
In addition, each trainee will give a presentation on the Outline of the Service Evaluation Proposal, and will subsequently submit an individual Outline Service Evaluation Proposal in the first year. This is an opportunity for the staff team to provide feedback on the projects. The proposal must be passed before data collection is initiated.

Outline of the PBL presentation for the Service Evaluation Project.

The purpose of this presentation is to report on the progress of your service evaluation project, and to gain feedback from the group, members of the research team, and service receivers and carers.

Length of presentation: 10 minutes presentation + 10 minutes discussion

The broad guidelines for your presentation are as follows:

Conceptualisation of the Evaluation

- Provide a brief description of the service that you are going to evaluate.
- Describe briefly the background or literature which provides the basis for your project.
- The aim of the project.
- Who are the stakeholders for the project?
- Who works/will work with you on this project? (e.g. name of the other trainee in your team, name of the Psychologist who sets up the project with you).
- Describe the involvement of your Supervisor, and other people who will be supporting you in conducting the project.

The following can be broad ideas at this stage and you are not expected to offer specific details

- Design of the project (e.g. cross-sectional, pre-test or post-test design etc).
- Methods that you are going to use (e.g. quantitative and qualitative).
- Methods of analyses (e.g. Chi-square, t-tests, correlations, thematic analysis).
- Expectation of the results.
- What steps have you been able to make in securing user and provider participation in the planning and design of the project so far?

Potential areas of difficulties

- Recruitment of participants
- Resources
- Support
- Sensitive/political issues
The PBL session provides the opportunity for feedback before developing the formal proposal. This **Outline Service Evaluation Proposal** should contain:

<table>
<thead>
<tr>
<th>Section</th>
<th>Required Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Indicates the nature of the evaluation – clear and concise.</td>
</tr>
<tr>
<td><strong>Overview of Initial Request from Services</strong></td>
<td>Source of the request – brief overview and how this has evolved</td>
</tr>
<tr>
<td><strong>Context of the Service</strong></td>
<td>Overview of the service that you are considering:</td>
</tr>
<tr>
<td></td>
<td>Aims and objectives of the Service.</td>
</tr>
<tr>
<td></td>
<td>Your main contact person.</td>
</tr>
<tr>
<td><strong>Relevant Literature and NHS Documentation</strong></td>
<td>Brief overview of relevant literature</td>
</tr>
<tr>
<td><strong>Research Aims</strong></td>
<td>Main research aims, objectives and questions you are intending to explore and develop.</td>
</tr>
<tr>
<td><strong>Participants</strong></td>
<td>Who will be involved in the research – participants:</td>
</tr>
<tr>
<td></td>
<td>staff, users, family, carers, managers etc?</td>
</tr>
<tr>
<td></td>
<td>Participant selection criteria.</td>
</tr>
<tr>
<td><strong>Methods and Design</strong></td>
<td>Brief overview of design and rationale for choice of methods</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td>Brief overview of possible methods of analysis (e.g. statistical and qualitative)</td>
</tr>
<tr>
<td><strong>Dissemination</strong></td>
<td>Who will be the users of the evaluation? Types of dissemination</td>
</tr>
<tr>
<td><strong>Roles</strong></td>
<td>Brief outline of the roles and responsibilities that each member of the team will hold</td>
</tr>
</tbody>
</table>

There will be two components to the Service Evaluation Report:

- **Group Service Evaluation Study**
  - Outline Service Evaluation Proposal (max 1000 words)
    This will be written as a joint proposal.
  - Service Evaluation Report conducted whilst on placement
    There will be two components to the Service Evaluation Report:

  1) The Service Evaluation Report will be written as a joint activity to be disseminated to consumers of the research e.g. service manager, staff group etc – this is the Service Report (5,000-6,000 words)

  2) An individual critique by each member of the team which will include a reflective analysis and methodological critique (2,000 words)
The **Service Evaluation Report** should contain:

<table>
<thead>
<tr>
<th>Sections</th>
<th>Required attributes</th>
</tr>
</thead>
</table>
| **Title**        | • Clearly stated  
                    • Indicates the nature of research                                                                                                                      |
| **Executive summary** | • Should give a brief overview of aims, scope and methods of the study  
                                                                                                                                                
                    • Outcome and the principal recommendations to emerge from it                                                                                   |
| **Introduction** | • Provide a background and framework for the study  
                                                                                                                                                
                    • Describe the source and the initial research concerns of the service that has requested the evaluation  
                                                                                                                                                
                    • Provide an outline of the service and the context in terms of its location within other NHS services  
                                                                                                                                                
                    • Should describe how you have shaped and focused the research questions and how you have chosen the research methods to be employed in order to address these  
                                                                                                                                                
                    • Describe why the evaluation is to be conducted  
                                                                                                                                                
                    • Describe the approach to be used and how you deal with problems that are not initially anticipated  
                                                                                                                                                
                    • Focuses on issues such as collaborative and reflective process involved in defining the nature of the question, consultation process with users and providers of the service regarding the goals and methods of the evaluation, gaining access to the service |
| **Aim**          | • Clarity and explicitness of the aim  
                    • Links to literature and existing knowledge                                                                                                       |
| **Method**       | • Description of method, measures and design  
                                                                                                                                                
                    • A clear rationale for the choice of methods with a clear and comprehensive description of what is to be done  
                                                                                                                                                
                    • Details of survey measures, rating scales  
                                                                                                                                                
                    • Description of the use of statistical methods  
                                                                                                                                                
                    • Adaptation to limitations and constraints of the service context                                                                                   |
| **Results**      | • Data analysis should aim to address the research questions  
                                                                                                                                                
                    • Description of the findings obtained from the evaluation, together with details of appropriate quantitative and qualitative analyses  
                                                                                                                                                
                    • Normally, it would be expected that the results would include an integrated combination of qualitative and quantitative data |
| **Discussion**   | • The findings should be discussed in relation to the original service and data  
                                                                                                                                                
                    • Relevant limitations should also be mentioned                                                                                                  |
| **Recommendations** | • Clarity and recommendations for change should be clearly stated  
• Relationship to the initial aim of the study |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>References</strong></td>
<td>• Full references quoted in the report</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td>• Accessible language, suitable presentation style for non-psychologists</td>
</tr>
</tbody>
</table>
| **Critique**        | • A critical appraisal of the initial conception and planning stage of the evaluation process involved in developing the goals with users and providers  
• The trainees’ role and contribution to the team  
• A critical evaluation of the methodology used  
• A critical comment on the choice of any instruments used  
• Some comment upon the degree of support, co-operation enjoyed  
• Some comment on any political issues which might have emerged  
• Some comment on any clinical issues raised  
• Awareness of limitations and weaknesses |
| **Personal observations** | • Evidence of reflective skills and self-awareness  
• Observations of your team processes |
| **Appendix**        | • Survey instruments, rating scales etc                       |

Trainees should try and avoid unnecessary overlap between the Service Evaluation Report and the critiques. The Service Evaluation Report is an important document designed to enable some change and enhancement of the services. The personal reflection and critique is an important document for staff to assess each trainee’s contribution to the project. We expect each trainee to devote eight placement days and six academic study days to the project.

### 6.17 The Psychotherapy Process Study

This assignment allows trainees to conduct a piece of research which explores in detail the underlying processes of change in a piece of their own therapeutic work. This could be the trainee’s work with an individual, couple or family within a variety of models. The primary aim of the project is to explore in detail how processes of change occur in psychotherapy. The study needs to include a consideration of outcome and overall change in the therapy alongside an analysis of how this has occurred and what may have impeded change occurring. Trainees can be creative in how they choose to conduct this study and in some cases it may be pragmatic that it is part of a piece on-going versus completed piece of therapy. It can focus on work with individuals, couples, families, or groups/teams. Trainees’ analysis and discussion of the work requires them to refer back to the therapeutic framework/model they were employing.

The project also offers trainees the opportunity of conducting a systemic research exploration to enhance their ability to reflect in detail on the process.
of their therapeutic work. It thereby offers important connections to the reflective practitioner aspects of the programme.

We suggest the following as possible areas for your research study:

- explore ‘significant events' in the therapeutic process;
- examine the nature and changes of the therapeutic relationship or alliance;
- examine the changing nature of the client and therapist’s perceptions and understandings of the therapeutic process.
- undertake a detailed analysis of one or more sessions to explore how understandings are shaped and negotiated
- explore differences between the therapist’s and client’s perceptions of change
- explore transcripts of sessions to look at moment-to-moment decision making processes and clinical formulations

Trainees’ exploration of the process should be connected to an assessment of the ‘effectiveness’ of the piece of work. This assessment can take a number of forms and should include:

- use of standard inventories
- questionnaires or rating scales developed collaboratively with client, couple or family
- behavioural measures, such as changes in frequency or duration of target behaviours
- self-observational measures

Trainees may choose to include some statistical analysis, e.g. descriptive statistics.

Note: It is also possible to undertake an experimental N=1 design. However, care should be taken to identify a piece of work where the measurement of outcome is of benefit to the client and the requirements of the design of the study do not negatively affect the therapeutic process.

(Outline) Psychotherapy Process Proposal

300-500 words maximum

The intention of this proposal is to give you some guidance and support your thinking about this potentially very interesting piece of work, and to ensure that this study meets ethical guidelines, reflecting an evaluation of your own practice, rather than a research study as defined by the NHS. The proposal does not need to be more than 500 words. However it should pay attention to the following which have been some areas of problems with these research projects:

1. Be clear about what psychotherapy process design you will be employing.
2. You are better advised just to explore one area, e.g. the therapeutic alliance or helpful aspects of therapy or the assimilation model etc
3. Collect both relevant quantitative and qualitative data.
4. Make sure that you have some pre and post test measures. You can use standardised inventories or construct some measures with your clients.
5. Have some repeated measures - preferably 3+ across the sessions. These can be some straight forward scales, e.g. subjective scale measures of distress, pain anxiety or behavioural measures including some frequencies, etc.
6. In your proposed analysis mention how the quantitative and qualitative data complement each other, e.g. how the interview data from the helpful aspects of therapy - most and least helpful events fit with your repeated measures data.

This is just a brief guide and there is a lot of scope here to be creative. However, if you just have either qualitative or quantitative data and not both you may find your results to be frustrating and less interesting.

(Outline) Psychotherapy Process Proposal

<table>
<thead>
<tr>
<th>Sections</th>
<th>Required attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction:</td>
<td>Statement of the potential research problem that this study will address, including the potential area of study, client group and clinical context.</td>
</tr>
<tr>
<td>Aims:</td>
<td>specify what you hope to achieve in the study, overview of your hypotheses, guiding ideas</td>
</tr>
<tr>
<td>Design:</td>
<td>type of psychotherapy process study – eg helpful events, assimilation model, Repertory grid, therapeutic alliance, N=1 etc.</td>
</tr>
<tr>
<td>Method:</td>
<td>details of what data will be gathered, procedure, measures employed, inventories or rating scales to be employed /constructed</td>
</tr>
<tr>
<td>Analysis:</td>
<td>qualitative and quantitative analyses – any statistics to be employed</td>
</tr>
<tr>
<td>Results:</td>
<td>Specify how you will meet the research aims, and how different types of data will be compared and contrasted / integrated.</td>
</tr>
<tr>
<td>Reflection:</td>
<td>what your interests are in this area, how you hope it will illuminate your questions/concerns about your clinical work</td>
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</table>
The Psychotherapy Process Study should be written as a traditional research report, and contain:

<table>
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<tr>
<th>Section</th>
<th>Required Attribute</th>
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<tbody>
<tr>
<td>Title</td>
<td>• Concise and indicates the nature of the research</td>
</tr>
<tr>
<td>Abstract</td>
<td>• Give a very brief summary of the study</td>
</tr>
<tr>
<td>Introduction</td>
<td>The introduction should clarify the main research problem that the study is focusing on, and provide a rationale for the study. This can be integrated with the clinical context section if appropriate.</td>
</tr>
<tr>
<td>Clinical Context</td>
<td>• Clear articulation of the clinical context and referral; provides details of the clinical context and service</td>
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<td></td>
<td>• Provides information regarding the client and reasons for the referral</td>
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<tr>
<td></td>
<td>• Provides details of why you have chosen this work for reflection and investigation</td>
</tr>
<tr>
<td></td>
<td>• Provides background details</td>
</tr>
<tr>
<td>Research Aims / Questions</td>
<td>Clear aims or research questions outlined, which address the research problem and are feasible to address within the study.</td>
</tr>
<tr>
<td>Methodology</td>
<td>• Clear description of the design, participants, methods, method of analysis and procedures including:</td>
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<tr>
<td></td>
<td>• Explaining how the methodology chosen fits with the clinical aspects of the work; provide a clear description of the methodology employed</td>
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<tr>
<td></td>
<td>• Providing detail of the method of analysis employed</td>
</tr>
<tr>
<td></td>
<td>• Describing measures employed to enhance validity</td>
</tr>
<tr>
<td></td>
<td>• Describing methods employed to enhance your own personal reflective process, e.g. personal diary, consultation with peers etc.</td>
</tr>
<tr>
<td>Analysis and Results</td>
<td>• Provides details of the type of analysis and how it was conducted</td>
</tr>
<tr>
<td></td>
<td>• Provides adequate data including quotes, dialogue and/or quantitative data</td>
</tr>
<tr>
<td></td>
<td>• Show how the use of different data types was integrated to answer the research aims / questions</td>
</tr>
<tr>
<td>Discussion and Critique</td>
<td>• Offers a critical and reflective discussion of the findings</td>
</tr>
<tr>
<td></td>
<td>• Provides critical consideration of measures, design and analysis methods employed</td>
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<td></td>
<td>• Discusses factors affecting conclusion validity, and consideration of alternative interpretations</td>
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<td></td>
<td>• Considers the practice and clinical implications of the results</td>
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<tr>
<td></td>
<td>• Critical appraisal of the original conception and conduct of the study</td>
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</table>
• Suggestions for improvement and implications for future research, the methodology used and the analysis methods employed.

**References**

• Full reference list of literature, including material relevant to the condition being studied.

Detailed marking criteria are available in Appendix 2.

### 6.18 The Research Portfolio

This contains the:

- Literature review paper
- Service evaluation proposal
- Service evaluation project
- Psychotherapy process proposal
- Psychotherapy process study
- Full empirical project proposal
- Empirical research paper
- Appendices for the research paper
- Raw data for the empirical research paper. For example an example of a whole annotated transcript, tables of raw data.
- Statistical output where such methods have been used.
- Interview schedules where interviews were used.
- Questionnaires where questionnaires were used.
- Details of procedures for validity and reliability enhancement, e.g. member validation and coding of text by independent raters.
- Details of coding of text where appropriate.
- Details of constructing themes where appropriate.
- Consent forms
- Information sheets
- Ethics committee approval

**The Submission Procedure**

At the end of June (date to be announced), you will need to:

1. **Submit two hard copies and one moodle copy of a single thesis document that contains:**

   - The Empirical Research Journal Article;
   - Appendices of the Article
   - Literature Review.

You will then be required to attend a Viva, which will be held at the end of July (date to be announced). At the end of the Viva, you may be asked to make changes to the Journal Article. It is unlikely that trainees go away from the Viva without being asked to make any changes. You will then revise the paper and re-submit it to the Internal Examiner usually within a
month in line with normal submission procedures. In some cases, you may also need to re-submit the paper to the External Examiner, or may be given a longer time period. You will be advised accordingly.

Second submission will be through Moodle, and must be accompanied by 1) a tracked changes version of your Journal Article; and 2) a letter identifying how you have responded to the examiners comments. Once the nominated examiner is happy with the changes, he or she will write to you and state:

2. You have passed your research assessment subject to the submission of one copy of the Research Portfolio.

3. The Research Portfolio should include your revised Empirical Paper, Appendices and the Literature Review. One copy should be submitted electronically via Moodle, and one hard copy. The administrator will then give this to the Internal Examiner to check. This must include a letter to the Editor of your chosen journal which shows that you have submitted your Empirical Research Paper for publication. Once the Internal Examiner is happy with it (i.e. that you have included everything on the list), he or she will let the administrator know and they will then record your research assessment as a Pass.

4. You can incorporate the feedback from the Viva examination process to adapt your Empirical Research paper for submission to the target journal. In some cases this version of the paper which you must actually submit to the journal may be different to the revised version in the Portfolio since, for example, in some cases journals request very short papers or particular formats.

6.19 Definitive Module Records – Research

Please see the following pages.
<table>
<thead>
<tr>
<th><strong>Module Code:</strong></th>
<th>CPSY612</th>
<th><strong>Credits:</strong></th>
<th>60</th>
<th><strong>Level:</strong></th>
<th>8</th>
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</table>

**Module Title:** Research 1

**Pre-requisite (s):**

**Co-requisite (s):**

**Compensatable within this Programme:** No

**Short Module Descriptor:**
This module constitutes the learning necessary to acquire the knowledge and skills in research methods required during the first year of the programme.

**Elements of Assessment:**
C1 Coursework Pass/Fail

Subject Assessment Panel Group: CPSY

Minimum pass mark for professional body accreditation  Pass

**Module Aims:**
- To inform trainees of the main elements of theory and practice in clinical research in order to enable them to choose between varieties of quantitative and qualitative research methods.
- To inform trainees of the importance of evidence-based research through using a range of research methods
- To develop trainees’ ability to identify and articulate research questions and to formulate appropriate and practicable research designs.
- To develop the skills in research activity and methods which are compatible with the main course themes, namely to develop research which is collaborative, emancipatory, reflective and applicable and to be able to implement these in conducting a piece of evaluative research in the NHS.
- To inform trainees of the importance of maintaining the high ethical standard in their research.

**Assessed Learning Outcomes:**
At the end of the module the learner will be expected to be able to:
- Show a depth of understanding of research design in the context of clinical psychological practice
- Demonstrate a critical awareness and analysis of clinical research issues
- Synthesise evidence, and formulate appropriate and meaningful research questions and designs.
- Work collaboratively with peers and NHS, service users and staff in developing research plans
- Work autonomously in their professional capacity in the NHS and use their initiative to assess and formulate research questions
- Show awareness of the process involved in applying for ethical approval from National Research Ethics Service (NRES).
**Indicative Syllabus Content:**
- Introduction to research in the NHS.
- The reflective scientist-practitioner model of research and collaborative research.
- Formulation and developing research questions and hypotheses, choice of methods, progressing research designs.
- Qualitative and quantitative research methods – applications and comparison.
- Research using service users.
- Exploratory data screening, descriptive statistics, inferential statistics.
- Service evaluation methods.
- Ethics and ethics committees.

**Approval:**

<table>
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<th>Date of Approval:</th>
<th>XX/XX/XX</th>
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<tr>
<td>Date(s) of Approved Change:</td>
<td>XX/XX/XX</td>
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</table>

**Faculty:** Health and Human Sciences  
**School:** School of Psychology  
**Name of Site:** Plymouth  
**Module Leader:** Professor Rudi Dallos  
**Session:** XX/AY/PT/M
Module Code: CPSY612 Research 1

Assessment Criteria:
The trainee will be able to:
• provide evidence of knowledge of research methods and approaches
• critically evaluate different research methods
• design and evaluative a piece of research

Assessment Mode:
Formative:
• A PBL group based presentation of a research proposal for a service evaluation.
• A proposal for the service evaluation project derived from the PBL (1000 words).
• An outlined proposal for the main empirical research projects (1500 words).

Summative:
• A comparative essay demonstrating critical appraisal of two research papers (3000 words).

Schedule of Teaching and Learning:
This module will be delivered by a variety of methods including lectures, PBL, seminars, distance learning, individual research tutorials and self-directed learning.

Recommended Texts and Sources:


<table>
<thead>
<tr>
<th><strong>Module Code:</strong></th>
<th>CPSY615</th>
<th><strong>Credits:</strong></th>
<th>60</th>
<th><strong>Level:</strong></th>
<th>8</th>
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</table>

**Module Title:** Research 2

**Pre-requisite (s):**

**Co-requisite (s):**

**Compensatable within this Programme:** No

**Short Module Descriptor:**
This module constitutes the learning necessary to acquire the knowledge and skills in research methods required during the second year of the programme.

**Elements of Assessment:**
C1 Coursework  Pass/Fail

Subject Assessment Panel Group: CPSY

Minimum pass mark for professional body accreditation Pass

**Module Aims:**
- To gain further sophisticated knowledge of the varieties of qualitative and quantitative research methods and their application in clinical psychological research.
- To enhance trainees’ knowledge and skills in evaluating the effectiveness of clinical services.
- To gain knowledge of psychotherapy process research.
- To enhance trainees’ ability to critically evaluate the research/evidence base of clinical psychology in particular the design and validity of research studies, including issues of collaborative research and full involvement of stakeholders, such as users and providers of services.
- To develop awareness further on evidence-based research.
- To develop awareness further on the sophistication of reflexive research approaches and how to conduct a reflexive piece of research.
- To develop knowledge and skills on conducting systematic literature review.
Assessed Learning Outcomes: At the end of the module the learner will be expected to be able to:
- Demonstrate an increasingly advanced and sophisticated understanding of research design and knowledge on a variety of qualitative and quantitative research methods in the context of clinical psychological practice
- Apply their knowledge and skills to conduct psychotherapy process studies.
- Analyse critically and manage effectively the implications of ethical dilemmas and work pro-actively with service users and providers of services in the NHS to formulate solutions
- Carry out an independent piece of research and contribute to knowledge in their area of research and demonstrate technical ability to design, analyse data and conduct a piece of reflective research in the context of clinical practice
- Design a piece of research which generates evidence relevant to clinical practice.
- Reflect upon oneself in order to improve the research process
- Master a range of methods and analyses to evaluate clinical services.
- Carry out a systematic literature review on a particular topic, synthesize and discuss the findings critically.

Indicative Syllabus Content:
- Quantitative methods (continued); multivariate statistics, multiple regression analysis, structural equation modelling.
- Qualitative methods (continued): psychotherapy process research method, personal construct method, data analysis.

Approval:
Date of Approval: XX/XX/XX
Date of Implementation: XX/XX/XX
Date(s) of Approved Change: XX/XX/XX

Faculty: Health and Human Sciences
Name of Site: Plymouth
Module Leader: Professor Rudi Dallos
School: School of Psychology
Session: XX/AY/PT/M
Assessment Criteria:
The trainee will be able to
• demonstrate an increasing depth and sophistication of understanding of research designs psychological practice
• analyse and manage the implications of ethical dilemmas
• demonstrate ability to carry out an independent piece of research

Assessment Mode:
Formative:
• an outline of psychotherapy process research project (500 words)

Summative:
• A report of the service evaluation that has been conducted as a group project (5,000 words)
• A report of the psychological process study (5,000 words)
• Full Project proposal for the empirical research (3000 words)

All elements must be passed to achieve the module.

Schedule of Teaching and Learning:
This module will be delivered by a variety of methods including lectures, seminars, individual research tutorials and self-directed learning

Recommended Texts and Sources:


Also see: http://www.bps.org.uk/publications/publications.cfm


M. Hattersley and P. Foster (Ed) *Case Study Method*. London : Sage


<table>
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<th>Module Code: CPSY618</th>
<th>Credits: 60</th>
<th>Level: 8</th>
</tr>
</thead>
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**Module Title:** Research 3

**Pre-requisite (s):**

**Co-requisite (s):**

**Compensatable within this Programme:** No

**Short Module Descriptor:**
This module constitutes the learning necessary to acquire the sophisticated knowledge and skills in research methods for them to be able to complete their major piece of empirical research.

**Elements of Assessment:**
C1 Coursework: Pass/Fail

Subject Assessment Panel Group: CPSY

Minimum pass mark for professional body accreditation Pass

**Module Aims:**
- To obtain sophisticated and advanced knowledge and skills which enable trainees to conduct and disseminate a major piece of empirical research relating to clinical practice.
- To enable trainees to become an effective independent researcher

**Assessed Learning Outcomes:** At the end of the module the learner will be expected to be able to:
- demonstrate the ability to conduct a substantial and independent piece of innovative research on the basis of theory derived from psychological literature and associated methodologies
- synthesis a variety of theoretical and sophisticated and advanced methodological approaches in conducting the research
- Make use of a wide range of learning resources to competently and independently undertake innovative research tasks
- Show sophisticated technical expertise in analysing and disseminating the research findings
- Demonstrate the ability to conduct a systematic literature review on the topic related to their empirical research projects.
**Indicative Syllabus Content:**
- Dissemination of research findings
- Report writing for journal articles
- Further data analysis techniques
- Critical and reflective appraisal of research findings
- Measures to enhance validity

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<td>Date(s) of Approved Change:</td>
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**Faculty:** Health and Human Sciences  
**Name of Site:** Plymouth  
**Module Leader:** Professor Rudi Dallos  
**School:** School of Psychology  
**Session:** XX/AY/PT/M
Module Code: CPSY618 Research 3

Assessment Criteria:
The trainee will be able to:
- Demonstrate the ability to conduct a substantial piece of innovative research
- Synthesise a variety of theoretical and methodological approaches in conducting the research
- Use of a wide range of learning resources to carry out research competently
- Show technical expertise in conducting, analysing and disseminating the research findings
- Demonstrate the ability to conduct a systematic review on literature relevant to their empirical projects.

Assessment Mode:
Summative:
- A research paper of the trainee’s innovative empirical research project prepared and targeted for submission to a peer-reviewed journal (5000-8000 words).
- A research portfolio includes details of analysis, examples of raw data, consent forms, information sheets, ethical committee approval, service evaluation project, and psychotherapy process project.

Schedule of Teaching and Learning:
This module will be delivered by a variety of methods including lectures, seminars, individual tutorials and self-directed learning.

Recommended Texts and Sources:


Section Seven: Personal Support and Development

Clinical psychology training, while meaningful and exciting, is personally, practically, academically and emotionally demanding. We aim to help trainees to be resilient and reflective and to draw on all available strengths and resources so that they can make the most of both the opportunities and challenges of training.

7.1 Supporting Reflective Practice

7.1.1 The Reflective Learning Log
The Reflective Learning Log is a private journal in which trainees reflect, question, record and make connections about roles, relationships, events, contexts, processes and reading that interest and challenge them throughout their development as trainee clinical psychologists. (see Section 5.4.4 for details).

7.1.2 The Reflective Mentoring Groups
In order to promote a safe, respectful environment for reflecting on challenging material (professional or clinical) and for offering mutual support, each trainee cohort is allocated to a small group; designated 'reflective mentoring groups'. Each reflective mentoring group contains a supervisor and service receiver.

Our purpose in creating these reflective mentoring groups is to develop the trainees’ skills in utilising their immediate colleagues as ‘peer Supervisors’ and for professional support. Utilising a small group of professionals to explore potentially difficult material and being willing to be open to both help and comment from others whom we have not, ourselves, chosen as suitable ‘confidantes’, is analogous to future work situations. Establishing trust and creating and maintaining ‘safe’ environments for reflection should be part of the role of the clinical psychologist. In practise, we often expect other professionals to be able to share their thoughts and feelings about their clinical work openly, honestly and appropriately with us.

The ability to reflect on difficult professional issues and on the impact our clinical work may have on us is seen as so crucial that participation in these groups is mandatory for all trainees. We accept that reflection occurs in other settings (on a one-to-one basis with a Supervisor for example). However, the ability to contribute to the creation of a safe environment, observe appropriate boundaries and share personally challenging material in a small group setting is seen of central importance.

Reflective mentoring groups normally meet four times per year.
7.1.3 Experience of Facilitated Group Work

The theme of contributing to the creation of a safe and supportive group space and that of reflecting on what we, as individuals, bring to our clinical work is developed throughout the course. This is done through the provision of opportunities to join facilitated groups to explore different ways of working. There will be opportunities to participate in a psychodynamic group and also an annual shared experience of wilderness ‘eco-therapy’ in a beautiful outdoor location. These groups allow trainees to explore their training experiences creatively and from fresh perspectives, providing new insights and extending trainees’ skills in understanding group processes.

7.1.4 Other Opportunities for Reflection

Throughout training there are many opportunities to develop and strengthen your reflective practice. The use of reflection in: personal tutorials with your Clinical Tutor; clinical supervision whilst on placement; and in academic, appraisal and research tutorials will be expected and encouraged. Teaching sessions will provide further opportunities to develop these skills. In parallel the programme team also share opportunities to reflect about their experience as trainers, particularly with regard to relationships with the different cohorts. At times in the past it has been helpful to create a space for open reflection between the Programme Team members and trainees as this can increase a sense of sharing and collaboration and decrease any tension or dissension that may have built up.

Alongside these practical opportunities, trainees are expected to demonstrate developing reflective skills through the critique and reflective sections of case studies, working in a PBL group, and more generally across coursework assignments.

7.2 Clinical Tutors and Appraisers

The cornerstone of programme support for trainees is the Clinical Tutor. Clinical Tutors normally remain the same throughout training. Clinical Tutors have a dual role: to monitor trainees’ progression through supporting their placement experiences and more broadly to act as Appraisal Tutors to review their overall progression through the Programme in all areas of their work. Clinical Tutors come to know their tutees well and help to shape and guide a trainee’s experience to meet their individual and specific training needs. The Clinical Tutor should be the ‘first port of call’ when a query or concern arises. Where appropriate the Clinical Tutor will redirect the trainee to other members of the Programme Team.

Although the relationship is special and it is expected that the trainee will share additional information with their Clinical Tutor that they would not necessarily share with other members of the Programme Team, it is not a
therapeutic relationship. If the trainee is experiencing significant personal and/or emotional issues, the tutor might recommend, and, on occasion, help to facilitate, the seeking of appropriate professional help. There are also occasions when it is important for Clinical, Academic and Research tutors to share information, or encourage trainees to do so, and these are considered below.

Clinical Tutors will help represent their tutees’ views and advocate for their training needs to be met.

Clinical Tutors are recruited from amongst established Clinical Psychologists within the region. Commonly they spend a significant part of their working time doing clinical work and serve as Clinical Tutors to the Plymouth course for an equivalent of two or three days per week. Trainees will be allocated to a Clinical Tutor according to the geographical location of their ‘host’ clinical base. There are currently two Clinical Tutors, one each for Exeter and South Devon and Plymouth and Cornwall.

As a minimum, trainees will meet their Clinical Tutors at the start of their training and then on five occasions whilst they are on each of their first two placements and on four occasions during their elective placement. Normally, Clinical Tutors undertake a minimum of three placement visits to each of their tutees in years one and two, and twice in year three.

In addition, Clinical Tutors meet with ‘their’ trainees, as a group, for two clinical tutorials during each placement. The content of clinical tutorials is a matter for negotiation. However, a common approach is to have a period of exchanging trainees’ news, followed by discussion of pertinent clinical issues of common interest. Clinical tutorials usually last for between 90 and 120 minutes and are often preceded, or followed, by social time. Each Clinical Tutor group identifies a convenient venue for its meetings.

Outside of the formal meetings, trainees are invited to contact their Clinical Tutors at any time, using e-mail or phone. If tutors have not heard from their tutees for a while they may well make contact, just to check that all is well. Some trainees like to have regular contact with their Clinical Tutors and others only feel the need to make contact when they have a specific question or issue to discuss. For some, there may be periods of more intense contact during a particular period of stress. Each tutor-tutee relationship will be different and we try not to be too prescriptive, leaving it to individuals to negotiate what works best for them. The focus is always on providing the trainee with the type of support needed to get the best out of clinical training.

### 7.3 Academic Tutors

Each trainee is allocated an Academic Tutor who is a member of the course team, normally for the first two years of training. The Academic Tutor has two main roles in relation to the trainees: to take an initial role in offering additional pastoral support to their tutee during the first three months before trainees have started their placements and are mostly at the Plymouth campus, and to provide specific support around academic work (advice...
around planning, reading drafts by negotiation, helping to process feedback when needed etc).

Trainees are expected to meet with their Academic Tutors three times a year usually during the time they are in Plymouth. Meetings are arranged on an individual basis, subject to availability, because all Programme staff work only part time for the University. However, it is anticipated that trainees may want to be in touch more often than this, particularly in relation to queries concerning coursework, and will make contact with their Academic Tutor if any personal problems or particular difficulties arise that might affect their capacity to engage in training. In the third year Research Tutors take over the role as lead supervisors for academic work comprising the Draft Literature Review and Journal Article.

7.4 Appraisal

7.4.1 The Appraisal Role of the Clinical Tutor

Each trainee’s allocated Clinical Tutor also takes on the role of appraisal, normally for the three years of the course. The Clinical Tutor, through the appraisal process, helps the trainee to take a regular overview of their development across all aspects of the programme (academic, research and clinical, focusing on strengths and learning needs. Section 6 of this Handbook outlines the frequency of meetings with the Clinical Tutor throughout the year. Alternative appraisal meetings are documented using the appraisal forms provided in the Appendices to this Handbook, except for the final meeting which takes the form of an Exit Interview (usually around July of the third year). If required a second and final Exit Interview can be arranged just before the trainee leaves the programme.

7.4.2 The Appraisal Process

The formal yearly appraisal meeting, where the Appraisal Tutor and trainee discuss the trainee’s progress through the course and identify future aims and training needs takes place at around the mid-point of every year. (See Appendix 4i for the Annual Appraisal forms). The purposes of appraisal are:

- to regularly overview the trainee’s progress in all aspects of training (clinical, academic and research)
- to ensure that, if the trainee has a disability, that any issues or reasonable adjustments are being attended to
- to provide an opportunity to reflect constructively on progress and challenges through training
- to ensure that any issues of concern regarding progression through the programme are addressed in a timely way
- to document the trainee’s progress through the NHS Knowledge and Skills Framework gateways
- to prepare the trainee for their Continuing Professional Development (CPD) in their future careers following graduation.
The first meeting, occurring early in the first teaching period, will launch the appraisal process by giving tutors and tutees a chance to meet and to identify all the skills and knowledge that the trainee is bringing into training, her/his hopes for the course and specific interests and desired learning opportunities. Halfway through the first year, trainees are invited to their first ‘proper’ appraisal meeting in which their progress to date is discussed and reflected upon. If the trainee needs to achieve particular competencies or acquire specific skills or knowledge before the end of the year, these goals will be made explicit and (automatically) put in writing as part of the appraisal process. Subsequently, their successful achievement can be reported to the Award Assessment Board in September. There are similar appraisal meetings halfway through the second and third years. At the end of training, trainees are invited to an ‘exit’ interview in which their achievements are celebrated and ideas for the future discussed. CPD opportunities might well be considered, as well as plans for the publication of the research that the trainee has completed during their training.

In preparation for each appraisal meeting, the trainee prepares by taking stock of where they are in training and reflecting on their current strengths and learning needs. In preparation for the first meeting with their Appraiser they are invited to prepare a mini-biography, outlining particular interests, hopes, strengths, relevant previous work and personal experiences. For subsequent meetings they are asked to prepare through reflecting on course work and placement experiences and feedback. The Tutor prepares by reading the trainee’s mini-biography/programme application form before the first meeting, and, before subsequent meetings, by reviewing trainee progress as documented through course work assessments and placement reports kept on file, and by communicating with the trainee’s Clinical Tutor and Research Tutor where appropriate.

The trainee’s attendance throughout the year will be monitored and reviewed by the Appraisal Tutor to ensure that the required levels of attendance have been achieved for both teaching sessions (see Section 2.3 in this Handbook) and time spent on clinical placements. It is the trainee’s responsibility to make available copies of their monthly attendance sheets so that these can be checked and recorded in the Appraisal paperwork.

7.5 Research Tutors

Research Tutors are allocated after the marking of the Outline Project Proposals and accompany and support their tutees through their empirical research projects. Their role is described in Appendix 2a.

7.6 Clinical Tutor Communication

It is easy to see that the roles of the Clinical and Appraisal Tutors have areas of potential overlap. In order to ensure that tutor/tutee relationships work to their best advantage, Appraisal and Clinical Tutors have to communicate with one another. Trainees obviously have a part to play in deciding what information is shared between Tutors.
Clinical Tutors will wish to focus on their tutees’ placement experiences. They send a brief summary of each placement visit, agreed with the trainee in advance, to the Programme Administrator who makes copies for the Clinical Director and appropriate Appraisal Tutor. Clinical Tutors will not expect to be approached about course issues that lie outside their remit; for example, coursework content. Specific placement issues will appropriately be taken to the Clinical Tutor in the first instance, but may require, with the trainee’s agreement, sharing with the Appraisal Tutor and/or Clinical Director. As the Clinical Tutors have only a limited assessment role with regard to the academic coursework, trainees may find that they choose to confide information to their Clinical Tutors that they have not shared with their Appraisal Tutors. However, their Clinical Tutors may encourage them to share this information with their Appraisal Tutors if they feel that this is advisable, or ask permission to do so on their behalf.

Clinical Tutors need to be aware of anything that affects a trainee’s ability to engage with training. For example, they need to be aware if one of their tutees is sick, or is experiencing an adverse life event. How detailed this knowledge might be will depend on how much that tutee has chosen to share. This theme is explored further in section 7.8 below.

## 7.7 Mentors

We are keen to build a culture of mutual support within our profession of clinical psychology. As part of this, trainees are expected to seek a mentor, who is not a member of the Programme team, to share and support their journey through training. Mentors are generally local clinical psychologists, perhaps someone the trainee has previously worked with or an early supervisor, or someone they meet though teaching or departmental or professional meetings. Trainees can feel free to approach any local psychologist in the first instance to discuss whether they would be able to offer a mentoring relationship, bearing in mind that for a variety of reasons potential mentors may not be able to take on the role on. Clinical psychologists in statutory agencies and voluntary sector and independent practice are often happy and willing to offer mentoring as part of their broad professional responsibility towards encouraging the development of the profession, and supporting young entrants, and their professional body, the DCP encourages this. We hope that mentors may help address particular personal-social-cultural-professional issues such as inclusivity (for example around issues of identity and power such as gender, culture, social class, ethnicity, spirituality, sexuality, disability or long term conditions or mental health issues), values, vulnerabilities and strengths, leadership and influence, self-care and resilience, so as to help the trainee develop their own particular identity as a clinical psychologist, and to value their own contributions and differences and resources.

We do not keep a list of mentors nor do we match trainees with potential mentors. However course team members are happy to discuss with trainees
their hopes for mentoring relationships, and to help trainees think though what they want from mentoring and how to approach potential mentors. We also do invite psychologists who are happy to offer mentoring around particular issues to let us know, so that we can pass on details when we receive requests for specific types of mentoring.

The role of the mentor is to explore with a trainee how s/he is progressing, both personally and professionally, during the course of training in order to assist them in making the most of opportunities, problem-solve when needed and develop resilience. The mentor is often a valued role model and source of inspiration, realism and encouragement. Mentors are able to provide a safe space for discussion that is completely separate from the course. The trainee-mentor relationship is a confidential one. Clinical tutors will wish to be sure that their tutees have identified, and made contact with mentors. However, they will not wish to know the identity of the mentor, nor will they wish to communicate with them. Once a trainee and mentor have agreed to establish a mentoring relationship it is intended that this relationship will last for the duration of the course. Trainees are expected to meet their mentors regularly but not frequently (a guide would be at least three times a year). During these meetings, all aspects of the trainee’s progress and development are discussed in relation to personal, academic and clinical experiences. The mentors thereby assist the trainees on their journey to become skilled clinicians who understand the reflective-scientist-practitioner model and can move beyond it to make good use of reflective and creative thinking in their clinical practice. The agenda is, therefore, a broad one and can be guided by the trainee’s personal insights into their professional development. Mentors are not expected to take on any course management functions that are properly the task of the Course Team. For example, mentors would not be expected to pass on information about course requirements, to monitor continuous assessment, or to contribute to student appraisal. Although personal support is part of the mentor’s role, mentors would not be expected to provide counselling or personal therapy for trainees. However mentors may be well placed to guide trainees towards appropriate help when this is needed (see section 8.8 below).

### 7.8 Personal Therapy

Unfortunately we are no longer routinely able to provide financial help to assist trainees to access personal therapy. However, we recognise that the nature of clinical work often brings personal issues to the fore and expect that some trainees will find it productive to use the time of training to undertake personal therapy as part of the reflective process of self-understanding and addressing personal challenges. The Programme supports and encourages this, viewing personal therapy positively as a strong component of the reflective practitioner. We believe that personal therapy gives trainees an important experience of being on the receiving end of service provision, helping to challenge and break down the “them and us” barrier that can exist in our perceptions of service users and ourselves as practitioners. We shall
continue to view personal therapy in a positive light and support trainees in their endeavour for personal and professional development. In some circumstances, where an Occupational Health Assessment identifies the need for Personal Therapy as a reasonable adjustment, we can apply for additional funding on behalf of our trainee from our commissioners. They have usually offered financial support.

7.9 **When Difficulties Arise**

The Programme Team recognises that training for work with people who are suffering from emotional distress and psychological symptoms is demanding and calls heavily upon the personal resources of trainees. For some trainees the geographical location of host Trusts may pose further stress in terms of extra travelling or perceived isolation from other trainees. There may be occasions when a trainee either feels the available support system is not functioning, or, for any number of reasons, is continuing to struggle with the demands of the course, despite available support.

If life events occur which begin to affect a trainee’s capacity to manage training, the trainee must discuss this with her/his Clinical Tutor. The Clinical Tutor will discuss with the trainee the best solution to problems affecting performance.

If a trainee is experiencing severe psychological distress which, given the nature of clinical training, makes the continuation of training untenable in the short-term (i.e. until the emotional distress diminishes or the precipitating difficulty is resolved), the Clinical Tutor will discuss the situation fully with the trainee and is likely to involve the Appraisal Tutor in deciding upon a supportive plan of action. Where necessary, the course can facilitate access to appropriate therapeutic support.

It is possible that the Clinical Tutor might encourage the trainee to consider a break in training whilst the trainee wants to avoid this action. In these circumstances the Clinical Tutor will consult with the Academic Tutor and wider programme team to determine an appropriate course of action. It would be unusual for a trainee to be insisting that s/he is fit to undertake clinical work when a Supervisor or the Course Team does not support this view. However, it has to be accepted that where circumstances are sufficiently critical, even experienced clinicians can lose insight into their own limitations and may need to take a break from clinical practice.

Whenever there is reason to doubt that a trainee is able to work safely and effectively, either in relation to their academic or clinical work, advice will be sought both from Occupational Health (employing trust) and from the Compliance Team (Plymouth University). It may then be necessary to trigger Fitness to Practice procedures and an Occupational Health Assessment. Through this process it may be possible to identify reasonable adjustments that can be made to the training provision. Alternatively, where the trainee is required to interrupt their training such breaks can be sensitively handled and sick leave taken in a helpful way so as to minimise any adverse effects on the trainee’s progress through training.
Sometimes a trainee might be finding it hard to manage the academic workload and yet feel reluctant to bring this to the attention of Programme staff. In reality however, the more open and honest a trainee can be, the more effective all Tutors can be in facilitating a solution. Despite how a trainee might be feeling, there is nearly always a solution to be found.

If a trainee is finding it difficult to manage a clinical placement, the trainee must raise her/his concerns with her/his Clinical Supervisor. In most cases, the Supervisor will be able to resolve the issue through providing extra support and advice. If, however, this is not the case, trainees should contact their Clinical Tutor. The Clinical Tutor, in discussion with the trainee, might decide to contact the Academic Tutor, Clinical Director or /and Programme Director so that an appropriate way forward can be identified.

On rare occasions problems might develop between a trainee and their Tutors. It is our expectation that, as adult learners, trainees would openly discuss such issues as they arise. In almost all circumstances, we would expect difficulties in the trainee-tutor relationship to be resolved through discussion within that relationship. If, however, this proves impossible, a trainee can request a change in Tutor. Such a request should be made to the Programme Director, unless s/he is the Tutor in question, in which case it should be taken to the Clinical Director. It should be noted that, as Clinical Tutors have specific geographical ‘patches’ to cover, there is no obvious process for a trainee to change Clinical Tutor; consequently all parties will strive to maintain an effective relationship.

If trainees do experience difficulties in their relationships, whether with Appraisal, Research or Clinical Tutors, other Course Team members, Clinical Supervisors, visiting Lecturers or other trainees, the course expects individuals to use these opportunities to learn. Throughout their careers as Clinical Psychologists, there will be numerous occasions when trainees’ values, beliefs, clinical judgment and opinions will conflict with those of others with whom they work. Learning effective skills to manage and resolve these situations is an invaluable lesson and the course will seek to support trainees through these learning opportunities, should they arise.

Whenever a trainee experiences difficulty, they are encouraged to meet with their Mentor, who can provide an objective and external source of support.
Section Eight: General Administration

8.1 Special Conditions of Service Letter

Programmes leading to a Doctorate in Clinical Psychology: Special Conditions of Service

Definitions

1.1 For the purposes of this document the following words and expressions shall have the meanings respectively assigned to them:

- The Authority – means Health Education England;
- DBS check - means Disclosure and Barring Service check;
- The Host Employer – means Taunton and Somerset NHS Foundation Trust;
- Placement Provider – means an NHS service provider within the area covered by Health Education South West area which provides placements for Trainees;
- Trainees – means students undertaking a Doctorate in Clinical Psychology with the University of Bath, the University of Exeter or Plymouth University.
- The University – means any one of the following Universities: the University of Bath, the University of Exeter or Plymouth University.

Context

1.2 The Authority has contracts for the delivery of the Doctorate in Clinical Psychology at the University of Bath, the University of Exeter and Plymouth University. All funding for the programmes is provided by the Authority.

1.3 The contracts are managed on behalf of Health Education England by Health Education South West.

1.4 The Host Employer has been appointed to provide a Human Resources and Finance (payroll, payments and accounts) service and to be the host employer of Trainees. Therefore, whilst on the course, Trainees will be regarded as salaried employees of the Host Employer. As this is a training course the Authority has deemed that the reimbursement of expenses for Trainees will not be in line with Agenda for Change but will be as set out in sections 1.12 to 1.17 below.
Employment Contract

1.5 Should a University terminate registered student status because of academic failure then the contract of employment will be terminated by the Host Employer with the Trainee receiving a one month notice period; any appeal process will be that offered by the University and not through the Host Employer’s Appeal procedure.

1.6 Should a disciplinary offence other than that covered in 1.4, occur whilst on clinical placement with a Placement Provider or otherwise impinge on the Host Employer, then a separate disciplinary process in accordance with the Host Employer’s Disciplinary Policy and Procedures will also be undertaken. With regard to offences which occur while the Trainee is on placement it will be necessary to for the Host Employer and University to liaise with the Placement Provider (and possibly jointly investigate the offence) however the Policy & Procedures to be followed will be those of the Host Employer.

1.7 If a Trainee requires more than the usual 3 years to complete the programme, the Authority and the appropriate University will look at each case on its merits and, in some circumstances, may agree to support the Trainee for part or all of the additional time required, not exceeding 12 months. Entitlement to statutory maternity or paternity leave may allow for an extension to this 12 month limit. The maximum time allowed for a Trainee to complete the Programme is six years.

1.8 During the programme should the Trainee be not fit to practice, as deemed by the University, the Host Employer is under no obligation to find alternative employment.

1.9 At the end of the programme the Host Employer has no obligation to provide further employment.

Salary

1.10 All Trainees will commence the programme at the bottom of the Band 6 scale. Trainees will progress up the scale through annual increments until they complete or leave the programme.

1.11 Where a Trainee is granted an extension pay progression to the next point of the scale will not be automatic. Each case will be dealt with on an individual basis, taking into account the circumstances for the extension.

1.12 In exceptional circumstances it will be possible to defer a Trainee’s annual pay progression. This will occur when significant poor performance on the part of the Trainee has been identified, discussed with the Trainee and documented and despite opportunities for development and support this has not been satisfactorily resolved.

Reimbursement of Expenses

1.13 This expenses entitlement has been agreed for Trainees on the programmes within the area covered by Health Education South West to ensure equity and equivalence in this area and should not be compared to Trainees’ agreements on other programmes in the country.
1.14 Requests for out-of-area placements must normally be passed to the Authority by the appropriate University no later than three months before the placement is required. Full details of why that placement is requested including location, costs to the Authority and an explanation of why the placement is not available within the normal catchment area will be required. This will allow the Authority to check the service need and provide sufficient time to respond to the University and student for alternatives to be arranged if the request is denied. Final decisions will rest with the Authority. Trainees should not make any binding financial and/or accommodation arrangements until approval is given by the Authority.

1.15 Travel expenses entitlement

- Trainees are not eligible for a Lease car.

- To receive payment of travel expenses by own motor transport a trainee must have valid vehicle insurance to cover business use.

- All eligible travel will be reimbursed at 24p per mile.

- Reimbursement of travel costs when attending the University for teaching may be claimed on the basis of the lesser mileage of base to university or home to university. A trainee residing in accommodation as set out in paragraph 1.17 first bullet will only be eligible for one return journey per week. Any trainee wishing to travel long distances daily rather than take up accommodation may claim the cost of travel subject to the cost not exceeding the cost of the accommodation value saved.

- Trainees may claim for all business journeys whilst on clinical placement. The length of the business journey is the distance from the trainee’s base to the place visited or the distance travelled from the trainee’s home to place visited, whichever is the lesser.

1.16 Car parking

- Academic block: There will be no reimbursement of car parking expenses while on the academic block.

- Clinical placement: Whilst on clinical placement trainees will need to make their own arrangements in conjunction with their clinical supervisor for parking at their clinical base(s).

1.17 Subsistence

- Accommodation – Teaching Block: Subject to University approval, whilst on academic (teaching) block, trainees based more than 25 miles from the University, will be eligible for accommodation which will be arranged by the University. Any trainee wishing to travel long distances daily rather than take up accommodation may claim the cost of travel subject to the cost not exceeding the cost of the accommodation value saved.
• Accommodation – Clinical Placement: Where a trainee is required to accept a placement some distance from the ‘host’ clinical base then subsistence payments to help with rental costs for overnight accommodation may be available. The extent of the help that can be expected must be discussed in detail with the Clinical Director. Should trainees arrange accommodation without the prior agreement of the Clinical Director then reimbursement will not be provided.

• Accommodation that does not include the provision of meals: Reasonable subsistence will be paid for meals when this is not included with the accommodation (maximum £15 per day). There will be no reimbursement for alcoholic drinks.

• Non-commercial accommodation: Any trainee wishing to stay in non-commercial accommodation (i.e. with friends or relatives) may claim up to a maximum of £35 per week.

1.18 Sundries

• The Host Employer will not reimburse any other sundry costs (e.g. mobile phone calls, photocopying, printer paper or ink cartridges, binding, and stationary) unless a trainee qualifies under the Equality Act 2010 and has specialist equipment funded through Access to Work.

• When claiming for travel (for example public transport and taxi fares) and subsistence (for example accommodation and meals) receipts must be attached to the claim form.

Annual leave

1.19 Annual Leave of up to 5 days may be carried over to the next leave year subject to the approval of the University. All Annual leave must be taken within the period of the training course; any leave which is untaken will be lost and will not be received as a payment. Timing of annual leave days must fit with academic requirements and be negotiated with clinical supervisors.

Disclosure and Barring Service

1.20 To undertake the programme Trainees will be subject to a Disclosure and Barring Service (DBS) check to an Enhanced Level. The DBS check will be completed by the Host Employer.

1.21 The Learning and Development Agreement between the Authority and Placement Providers stipulates that Placement Providers will not unnecessarily seek additional checks.

Liability & Insurance

1.22 The Learning & Development Agreement between the Authority and Placement Providers sets out the obligation for Placement Providers to ensure that any Trainee who is admitted to the Placement Provider’s premises and who is involved in the provision of healthcare to any patient of the Placement Provider has the benefit of the Placement Provider’s usual arrangement for indemnifying its employees, servants or agents against claims associated with the performance of their
professional duties (including but not necessarily limited to claims arising out of adverse clinical events).

Trainee Handbook

1.23 Further guidance concerning the programme can be found in the relevant University Trainee Handbook.

Revised: July 2013
Next review: June 2014

8.2 Partnership Guidelines

Doctorate in Clinical Psychology
Trainee/Programme Team Partnership Guidelines
Background

Welcome to the Doctorate in Clinical Psychology at Plymouth University. Over the next three years, as a Trainee Clinical Psychologist, you will work in a variety of different contexts and experience many challenges and opportunities. The purpose of this document is to clarify expectations between trainees and staff on the programme so that we can work together productively. It has been developed by the programme team, trainees and members of the service user consultative group.

<table>
<thead>
<tr>
<th>General Ethos and Philosophy</th>
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<tbody>
<tr>
<td>On the Doctorate Training Programme at Plymouth we aim to provide a high quality adult learning experience which will equip graduates with the skills and competencies required for employment as a Clinical Psychologist in a changing world. The programme continues to develop in partnership with the Service Receiver and Carer Consultation Group. We provide trainees with a multilevel, lifecycle perspective which incorporates: teaching an awareness of the impact of social inequalities on health and mental health; training on reflective practice; and providing an integrated approach to the teaching of models of therapy, supervision, consultation and leadership. More information about the course philosophy is contained in the handbook.</td>
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<table>
<thead>
<tr>
<th>Trainees undertake to:</th>
<th>Programme Team Members undertake to:</th>
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<tbody>
<tr>
<td>• Take responsibility for their learning.</td>
<td>• Provide a variety of adult learning experiences for example distance learning, private study time, problem based learning.</td>
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<tr>
<td>• Supplement teaching with additional reading.</td>
<td>• Provide teaching on and opportunities to develop reflective practice.</td>
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<tr>
<td>• Keep a reflective journal.</td>
<td>• Draw from theory and research to inform teaching on the impact of</td>
</tr>
<tr>
<td>• Contribute to reflective tutorials.</td>
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development of the Doctorate course by involvement in various committees, giving feedback in a constructive manner.
- Seek out opportunities to develop as a Clinical Psychologist.
- Respect and support other trainees, supervisors, course team members and service receivers.
- Attend to personal development, self-care and resilience.

<table>
<thead>
<tr>
<th>Service Receiver Communication and Representation</th>
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<tr>
<td>Our clients are at the heart of what we do on placement and at university.</td>
</tr>
</tbody>
</table>

**Trainees undertake to:**
- Listen to service receivers and respect their views, treat service receivers respectfully and considerately, respect service receiver’s privacy, confidentiality and dignity and respect their right to decline to take part in learning.

**Programme Team Members undertake to:**
- Consult regularly with the user and carer consultative group about training and to take their advice.
- Encourage supervisors and trainees to look for opportunities on placement to meet with service receiver organisations and representatives as well as to routinely ask for feedback from service receivers regarding trainees’ performance.

<table>
<thead>
<tr>
<th>Standards of Conduct and Professional Behaviour</th>
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<tbody>
<tr>
<td>Trainees are in the unique and somewhat complex position of being employed by Taunton and Somerset Partnership Trust, on placement with a host trust and students at The University of Plymouth.</td>
</tr>
</tbody>
</table>

**Trainees undertake to:**
- Adhere to: their employment terms and conditions; the guidelines of their host trust; and the requirements of the university as outlined in the Programme Handbook.
- Familiarise themselves with the HCPC Standards of Conduct, Performance and Ethics, the HCPC Guidance on social inequalities.
- Provide an integrative approach to teaching different models of psychological therapy and interventions.
- Provide a multilevel and lifecycle perspective in teaching as a way of conceptualising psychological difficulties.
- Involve trainees in development of the course through inviting trainee representation on various committees and listening to trainee feedback.
- Be proactive in looking to future developments likely to impact on the profession and adjust the programme to meet changing training needs.

**Programme Team undertake to:**
- Adhere to the requirements of the university as set out in the Programme Handbook.
- Provide teaching on professional issues.
- Act professionally in their relationships with trainees.
- Liaise with the university, employing
## Conduct and Ethics for students and the BPS Code of Ethics and Conduct and conform to these whilst a trainee.
- Be proactive in attending to their own and other’s health, safety and security both on campus and on placement.
- Be reflective about their professional and personal behaviour.

## Teaching and Learning

### Trainees undertake to:
- Take responsibility for their own learning with regular attendance and active participation in all learning activities.
- Engage in all opportunities for development of skills and knowledge and make constructive use of contact time with tutors, university staff and supervisors which will include reflecting on feedback to inform continued learning.
- Give constructive and timely feedback to lecturers.
- Develop critical thinking to enable reflexive critique of psychological theory and practice.
- Engage in active reflective learning to establish a rich psychological theory and practice base.

### Programme Team undertake to:
- Provide a stimulating learning environment with high quality teaching.
- Provide opportunities for integrating theory and practice.
- Provide opportunities for trainees to develop their reflective capacities.
- Monitor the quality of teaching experiences.
- Provide varied opportunities to gain the skills and attributes valued by employers.
- Provide a range of learning opportunities for trainees to gain the skills and knowledge base central to clinical psychology.
- Facilitate an adult learning environment and provide opportunities for trainees to participate in teaching sessions.
- Reflect on teaching provided and respond to trainee feedback.

## Assessment and Feedback

### Trainees undertake to:
- Submit assessed work on time.
- Seek timely help and support from their academic and clinical and research tutors.
- Ensure work submitted is trainee’s own work.

### Programme Team undertake to:
- Give fair and impartial assessment of coursework, returned with appropriate constructive feedback, including clear guidelines regarding any amendments required.
- Return assessed coursework to be
- Respond to, correct and assimilate feedback as part of a reflective and on-going learning process.
- Refer to the handbook for information on all course work.
- Reflect on own progress and development over the three years.

<table>
<thead>
<tr>
<th>Communication and Representation</th>
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<tbody>
<tr>
<td>Respectful, open and clear communication between the Programme Team and trainees is essential for training to be enjoyable and successful. Communication between programme team members and trainees will be mainly through e-mails and arranged meetings. Relationships will be most effective when communication between team members and trainees is respectful, reflective and professional.</td>
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<thead>
<tr>
<th>Trainees undertake to:</th>
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<tr>
<td>• Reply promptly to e-mails from programme team members and to follow up with reminders if they have not heard back from team members in response to their e-mails within a few days.</td>
</tr>
<tr>
<td>• Book meetings with programme team members in advance and to attend or give notice of cancellations if this is necessary, for example because of illness.</td>
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<tr>
<td>• Appoint student representatives to attend a number of committees which contribute to the smooth running of the programme.</td>
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<tr>
<td>• To communicate their views through these student representatives and to support them in their role.</td>
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<thead>
<tr>
<th>Programme Team Members undertake to:</th>
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<tr>
<td>• Reply promptly to e-mails from trainees. (NB many team members are part time and do not access e-mails every day).</td>
</tr>
<tr>
<td>• Be available for meetings booked in advance and occasionally at short notice for emergencies if possible. To attend for these meetings or give notice if having to cancel.</td>
</tr>
<tr>
<td>• Take feedback from trainees regarding training and to act on this feedback.</td>
</tr>
<tr>
<td>• Continue to find ways of involving trainees in the development of the programme, for example, through student representation on committees, in working parties to develop new procedures etc.</td>
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<table>
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<tr>
<th>On Placement</th>
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<tbody>
<tr>
<td>Trainees are allocated to placement areas. Trainee preferences are taken into account following selection and usually all placements take place in this area. Changes to this placement area can only be made in exceptional circumstances. We cover several rural areas and considerable travelling may be required for some</td>
</tr>
</tbody>
</table>
**Trainees undertake to:**
- Travel to placements as required.
- Adhere to the supervision agreement which is drawn up between the supervisors, clinical tutors and trainees.
- Attend for personal and group tutorials as well as placement visits with the Clinical Tutor.
- Complete placement paperwork as required, including the placement audit.
- Identify learning needs on placement and discuss with supervisors and Clinical Tutors at the earliest time.
- Take time to reflect on and critique learning experiences on placement.

**Programme Team Members undertake to:**
- Allocate placements fairly taking into account: the individual trainee learning needs; the core competencies required; and individual circumstances where possible.
- Adhere to the supervision agreement and to organise placement visits and provide support on placement to trainees and supervisors. (Clinical Tutors).
- Monitor placements and respond to feedback given in the placement audit.
- Monitor adherence to trust policies and guidelines at placement visits.
- Provide training for supervisors.

**Research**

**A major part of the degree is the empirical research project.**

**Trainees undertake to:**
- Develop their research ideas connected to the research profile of the team.
- Seek out appropriate team members to discuss with. A good place to start is with the academic tutor.
- To draw up a research contract/supervision plan with their research tutor.
- Submit drafts of their work on time for feedback as required by the tutor.
- Write summary supervision notes.
- Research ethically and collaboratively with service receivers / carers/ staff in accordance with the University and NHS Ethics committees, BPS and HCPC.
- Submit their research for publication with their supervisor as co-author.

**Programme Team Members undertake to:**
- Appoint an internal research tutor based on the trainees and tutors research interests and the developing research areas in the programme.
- Provide regular meetings of, on average, one hour per month.
- Help draw up a contract with the trainee specifying mutual expectations.
- Read drafts of the paper (usually no more than 1 draft of each section and a final draft with appendices).
- Write a short summary of the supervision sessions with the trainee.
- Provide feedback in a timely manner.
- Assist in development of methodology, data analysis, and writing of reports.
- Facilitate and supervise the development of the research project, methodology and design and
participant enlistment.
• Encourage collaborative and respectful practice between trainee and participants throughout the research process.

### Personal, Pastoral and Academic Support

Training is a process of personal and professional growth which can, at times, be challenging personally and professionally. Over the three years, life events may occur which can add additional stress. In line with the adult learner model and the requirements of the HCPC:

<table>
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<tr>
<th>Trainees undertake to:</th>
<th>Programme Team Members undertake to:</th>
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<tr>
<td>• Take steps to: develop personal and interpersonal resources; to strengthen their support networks and resilience; and develop self-care strategies. Tutors may be able to be of help in identifying local resources such as mindfulness groups.</td>
<td>• Provide a Clinical Tutor/Appraisal Tutor for each trainee who will book in regular tutorials throughout the year and who will be available for telephone or e-mail contact in between times.</td>
</tr>
<tr>
<td>• Seek to establish a relationship with a Mentor and tutors can help to identify possible people for this role.</td>
<td>• If trainees need emotional support on placement, their initial point of contact is their supervisor and/or Clinical tutor.</td>
</tr>
<tr>
<td>• Seek personal therapy at times of particular challenge or difficulty and as part of their professional learning. While the Programme is no longer able to provide funding for therapy, tutors are able to help identify therapists.</td>
<td>• Provide an academic tutor for support and development of academic work for the first two years of training with a number of academic tutorials timetabled into the teaching curriculum.</td>
</tr>
<tr>
<td>• Alert their supervisor and the Programme Team to difficulties which might impact on their fitness to practise at an early stage and seek out appropriate help and support when necessary. Plymouth University and the Clinical Psychology Doctorate Programme are committed to ensuring equal access to training for people with disabilities. Trainees will take responsibility for discussing their access needs with appropriate members of the programme team so that adjustments can be made. Trainees with a disability can access further support and assessment of access needs through Disability Assistance Services at The University.</td>
<td>• Provide opportunities for trainees to discuss access issues.</td>
</tr>
<tr>
<td></td>
<td>• Provide a signposting service to further support for trainees with a disability.</td>
</tr>
<tr>
<td></td>
<td>• Liaise with supervisors regarding access needs if necessary.</td>
</tr>
<tr>
<td></td>
<td>• Provide training and information for supervisors on supporting trainees with disabilities.</td>
</tr>
<tr>
<td></td>
<td>• Provide diverse perspectives and reflections on trainees concerns and performance.</td>
</tr>
</tbody>
</table>
8.3 Attendance at teaching

Plymouth University DClinPsy Attendance Policy 2015

As a Course Team we understand how exhausting and stressful the Training experience can be at times, and want to be as facilitative as possible of needs for, and the inevitabilities of, sickness and other absences. More generally, we also feel strongly, the increasing need that all of us take care of our wellbeing at work.

The document below however is important as, in our experience, it is much harder to be facilitative as a Course, if there is poor communication between us and yourselves. Hence the requirements laid out below are important and do apply equally to placement and teaching time.

As NHS employees you are required to submit attendance sheets reliably and also to always inform the Programme Administration when you are absent from your placement or university teaching days either for sickness, compassionate leave or annual leave. You must also inform your Placement Supervisor if you are absent from placement for any reason.

Annual leave
Annual leave is normally taken during recommended leave periods, as identified on the time line, plus additional time on placement as negotiated with your placement supervisor. Trainees should avoid taking annual leave during teaching days. Scheduled teaching attendance is normally compulsory so any requests to be absent from scheduled teaching must be made to the relevant academic year lead*, after first checking with your appraiser (clinical tutor) that they agree that this is a reasonable request for you given your overall circumstances. It is not always possible to agree requests for absence from teaching, since with small cohort numbers; we require a threshold level of group attendance in order for group teaching to be effective for all, and to be respectful to the input of visiting lecturers. If and when you do miss teaching, it is your responsibility to compensate by gathering relevant notes, reflections and material from your peers and to ensure you bring yourself up to date with the missing material. It is normally expected that you attend at least 85% of all available programme time across the board.

Significant absence, unless clearly compensated for by additional work as agreed with your appraisal tutor, may mean that you cannot progress. It is your responsibility to keep a record of all absence and bring this to your annual appraisal meetings (see appraisal documentation in Placement Handbook).

Programme Administration must always be informed prior to the leave being taken, using the Annual Leave Request Form. (Please see below for contact names for your year leads and administration.)

Sickness or Compassionate leave
On the first day of the absence you must notify Programme Administration either by using the Sickness Notification form or by email. You need to notify us of all absences, whether this is from teaching or placement, so that your employing Trust can be notified and your records kept up to date accordingly.
Also, notify your placement supervisor on the first day of absence and any subsequent days so they are aware of your absence from placement. Failure to do so is a serious professional issue. Sickness is monitored very closely; after 7 days your record will be highlighted to the Clinical Director, who would in turn contact you to offer support and guidance. If you need to take Compassionate Leave, you should complete the Special Leave Form (see Appendix 4b(i) in the General Administration folder). Please refer to the Special Leave Policy Document (Appendix 4b) to check what qualifies as Compassionate/Special Leave. If you have any queries, please do check with the Programme Administration team first.

**Attendance at external events**

Occasionally, normally for year 2 and 3 trainees only, it may be possible to agree absence from some teaching for attendance at external events such as specialist conferences that pertain to your research project etc. As above this must be negotiated in advance, first with your appraiser (clinical tutor) and then the relevant year lead.

*Academic year leads :
Helen Lloyd - Year 1
Sarah Baldrey or Catherine Collin - Year 2
Duncan Moss - Year 3

Programme Administration
Angela Nicholls: angela.nicholls@plymouth.ac.uk
or Michele Thomas: michele.thomas@plymouth.ac.uk in Angela’s absence.

### 8.4 Recording of Placement, Teaching, Attendance and Sickness Absence

The course is required to keep records of trainee attendance on placement, including sickness absence, and report these to both Taunton and Somerset NHS Trust and Health Education South West. To enable the course to fulfil this requirement, a record of trainee attendance is kept. This is completed by the trainees themselves at the end of each month. Trainees **MUST** be responsible each month for making sure the record sheets are completed accurately and returned to the Programme Administrator. (Appendix 4c). When out on clinical placements, trainees will be responsible for adhering, in addition to the course’s procedures, to the local practice with regard to notifying absence to their Supervisors and the service in which they are based. Trainees are expected to have available copies of their attendance sheets at their annual appraisal so that Appraisal Tutors can verify that they have attended teaching for the required 85% of time.

As employees of Taunton & Somerset NHS Trust, trainees are required to notify the Programme Administrators, and complete appropriate documentation for any period of absence due to illness whether on clinical placement or University based teaching. Therefore on the first day the trainee must notify their Supervisor or a Programme Administrator that they will not be attending work. On return from a period of absence, trainees
should complete a Notification of Sickness Absence Form and a Sickness Return to Work Record (Appendix 4a(i) and 4a(iii)) and return them to the Programme Administrator. If the absence was for no longer than seven days, trainees can self-certify; if the absence exceeds seven days, a medical certificate is required. Please note that Saturday and Sunday should be counted as days off if the period of sickness goes over a weekend, e.g. absence from Monday of one week to Tuesday of the following week would require certification by a GP even though only seven working days were missed.

Please also be aware that if you are staying in a hotel whilst undertaking taught sessions at the University, it is your responsibility to inform the hotel staff of any change in your hotel requirements (see section 8.5).

8.5 Annual Leave

8.5.1 Entitlement

Trainees are entitled to 27 days of annual leave per year, plus statutory holidays. (Those who have been working for the NHS for five years or more are entitled to 29 days). In accordance with NHS procedures, the annual leave year runs from 1\textsuperscript{st} April to 31\textsuperscript{st} March. In exceptional circumstances (and with the written approval of the Clinical Director) up to five days annual leave can be carried over to the following leave year. Under normal circumstances, any annual leave days that are not taken by the year-end will be lost.

Trainees wishing to manage exceptional circumstances – e.g. compassionate leave, special needs, should discuss the issue with their Clinical Tutor in the first instance, and subsequently with the Clinical Director, who, together with the Programme Administrator, acts on behalf of the employing Trust.

8.5.2 Applying for Leave

Requests for annual leave should be made using the Request for Annual Leave Form - see Appendix 4b(ii) and should be approved by the Academic Director (during teaching periods at the University and any other non-placement time – e.g. directed study periods) or the Clinical Supervisor (during placements) and sent to the Programme Administrator before the leave is due to take place. Request for Annual Leave forms should be passed on to the Programme Administrator only when they have been approved. To approve these forms you must have a discussion with the Academic Director or Clinical Supervisor. Please note that although you should not be taking Annual Leave during teaching block it may be granted in exceptional circumstances.

8.5.3 When to Take Leave

Trainees need to be forward thinking in their plans for taking annual leave as they can find that they are quite constrained in when they can get away.
(This is, unfortunately, usually during the school holidays, so you miss out on cheap deals!). The Timeline should help you avoid getting into trouble through taking leave when you shouldn’t or finding that you are unable to take the leave to which you are entitled. In the past trainees have faced the most difficulties around such events as friends’ or family weddings the dates of which are rarely chosen with the trainees’ training needs in mind! Requests for leave in exceptional circumstances should be put to the Programme Director and Module Leads who will consider the circumstances on an individual basis.

Extended periods of Annual leave cannot be taken during teaching time so please do not embarrass us by asking. Trainees may exceptionally be requested to meet External Examiners or other visitors to the Plymouth University during scheduled teaching time. Trainees will be informed as this becomes necessary. Sick leave, carers’ leave and compassionate leave can be taken at these times, and your needs in these areas should be discussed with your Appraisal Tutor in the first instance and then with the Programme Director if required. (see Appendix 4 on these types of leave).

Most annual leave, therefore, is taken during clinical placements; some has to be taken from the study days allocated to you. In the programme timeline, there are recommended days for annual leave. Since trainees must take any annual leave owing before the end of their training, they should remember that any days exceptionally carried over from the previous year’s allocation may be difficult to fit into their final year; given the demands of writing up research and preparing for, and attending, viva voce examinations. It is not possible for trainees to be given salary in lieu of unused leave.

It is recommended that, for the first two years, trainees ensure they take all 27 days of annual leave during the clinical placement. With the permission of their Supervisor they can choose to undertake clinical work during the proposed annual leave weeks and take leave at other times. (Please note: days allocated to private study cannot be moved to other weeks in order to avoid taking them as annual leave).

8.6 Travel and Subsistence Expenses – see also Appendix 4e

8.6.1 Claiming whilst on Placement

Before claiming, please also refer to the NHS document attached as Appendix 4e in Appendix 4 – General Administration.

In accordance with NHS practice, trainees can claim their travel costs for each day worked, starting and ending, at their clinical base. Home to base mileage is not covered unless the trainee has been required to accept a placement away from their ‘host’ clinical base. In that case, the trainee can claim mileage from their home or from the ‘host’ base, whichever is nearer to the current clinical base.

An example might be:
A trainee, nominally based in Exeter, is required to do a placement in Torquay. She calculates whether the mileage between Heavitree (the Exeter Psychology Base) and the service base in Torquay is shorter or longer than that between her home and the Torquay Base. She includes the shorter of the two (return) journeys in the travel claim she submits.

Subsistence costs are not usually relevant whilst the trainees are on placement, because they are living at home. However, where a trainee has been required to accept a placement some distance from her ‘host’ clinical base, she is eligible for subsistence payments to help with costs for overnight accommodation. The extent of the help that can be expected will be discussed in detail with the Clinical Director when such a distant placement is seen to be necessary. (N.B. The expectation is that trainees will identify the most economical accommodation available. Their search should start with exploring any health-owned accommodation that might prove suitable, e.g. nurses homes/doctor’s accommodation).

Taunton and Somerset NHS Trust use an electronic system for you to claim reimbursement of any subsistence costs and travel expenses. Information related to this can be found on Appendix 4f(i) in the General Administration File.

### 8.6.2 Claiming whilst on Teaching

Trainees can claim for travel and subsistence expenses incurred whilst on teaching. Obviously those trainees who live sufficiently close to the University to live at home during the teaching periods are in a different situation than those who stay in the hotel accommodation arranged by the course. For the latter, reasonable costs for meals can be claimed, the guideline maximum being £15 per day. Receipts should be obtained and attached to claim forms and there will be no reimbursement for alcoholic drinks.

Travel to and from Plymouth during teaching at the University can be claimed for as described above. Where locally-based trainees opt to commute, rather than stay in hotel accommodation, their daily travel costs will be reimbursed. Trainees coming to Plymouth on a weekly basis can claim for a weekly return journey. (There is an expectation that trainees will car share or use public transport whenever possible). Obviously, trainees who opt to remain at the hotel over a weekend will not be claiming for travel for the week(s) affected.

### 8.6.3 Sundries

Trainees can not claim for sundry costs (e.g. mobile phones, photocopying, printer paper or ink cartridges) unless the trainee qualifies under the Disability Discrimination Act and has specialist equipment funded through Access to work. However during teaching periods the University provides photocopying facilities, paper and printing facilities to the trainees free of charge. However please be aware that these free facilities can get very busy at peak times (i.e.
before a coursework deadline). The photocopiers are accessed using your University registration card which will be pre-loaded with funding for this purpose only.

8.6.4 Accommodation

It is expected that the majority of trainees will choose to commute from their homes to Plymouth to access the teaching (however trainees based more than 25 miles from the University will be eligible for accommodation whilst on teaching at the University). Trainee accommodation is paid for, by the course during teaching periods if trainees feel it is not feasible for them to commute. It is possible to arrange for partners of trainees to stay at their hotel (subject to room availability). In such cases, the course will cover costs at single room rate for one person and the trainees themselves will have to cover the difference between single and double room rate.
8.7 Assistance with Research Expenses

In their final year, the course makes £250 available to each trainee for expenses linked with their research project. To access these funds, trainees should complete two forms; a Research Expenses Claim Form (Appendix 4g and 4g(i)) giving details of the expenditure and attaching appropriate receipts. This form is available from the School of Psychology office in Portland Square (and can also be downloaded from the General Administration folder on Moodle).

Trainees are advised to consult Programme Administration before incurring expenditure in respect of their research project. The resources they require, e.g. equipment, computer packages, psychological assessment tests, may already be available in, or could be purchased by the University and subsequently loaned to the trainee for the duration of their research.

8.8 Trainee Feedback on Teaching

It is a requirement that trainees provide feedback for all teaching sessions. Trainee feedback is a valuable resource to the programme and your opinion is sought throughout the duration of the programme. Your comments and recommendations are valuable for shaping future programme delivery. For 2016 we are piloting a new method of obtaining feedback from you which focuses on your experiences of learning. This will be explained during the Induction week.

8.9 Learning Resource Maintenance

8.9.1 Handouts

We request that all of our speakers provide session outlines, session aims and learning outcomes plus other handouts (e.g. PowerPoint presentations) for each teaching session. All handouts can then be provided to you electronically via Moodle. Moodle can be accessed via the intranet. Currently, speakers are asked to provide copies of the handouts electronically at least two weeks before the teaching session and uploaded onto Moodle. You are advised regularly to check for updates during taught sessions.

8.9.2 Trainee Resource Box

In addition to this we ask trainees to keep their own resource box to keep copies of all extra handouts (we have found that some handouts are given out by Visiting Lecturers during teaching) so that any trainees who missed a session, or misplaced their handouts, can easily make another copy. It is also one element in the course quality assurance procedures and enables staff to monitor the information received by trainees. The resource box is
kept by the trainees for the trainees. It could be located in the Teaching Room at 8, Kirkby Place. Its maintenance involves making sure that a copy of every handout is placed in the box after each lecture. Obviously, if masters are removed from the box and not replaced, it will not be possible for other trainees to access these and trainees are asked, therefore, to show consideration for their colleagues by returning any items used. Experience has shown that the resource box is most effectively maintained when one trainee is nominated by his/her peers to take on this responsibility for a defined period.

8.9.3 Information and Learning Services

8.9.3a Library Information

As trainees on the Doctorate of Clinical Psychology you have full borrowing rights and access to all of the facilities offered by the main Plymouth University library at Drake Circus. As students within the Faculty of Health and Human Sciences you are also entitled to use the library services at the Knowledge Spa (KSpa) at the Royal Cornwall Hospital, Treliske, Truro and University of Exeter Medical School, RD&E, Barrack Road, Exeter. You will need to join these libraries individually as they are not part of the University network.

The Plymouth University library holds books, journals and AV material covering all subject areas taught at the University. Books and journals are selected in consultation with the Academic staff to meet the needs of your individual programme. The Plymouth University library subscribes to many electronic journals and databases to assist you with your course, and these are available through a service called Metalib, which can be accessed from any internet linked computer either on or off campus. User induction and subject based teaching sessions will be scheduled to enable you to make the most of all of the resources.

You can find information about all services offered by the Library, Media and IT departments from the Information and Learning Services (ILS) home page, which you can access from any internet linked PC via the Student Portal.

Hospital Libraries

There are also collections of books based in Hospital staff libraries. These libraries are managed directly by the Hospital Trusts and have their own rules and regulations. It is possible to join the relevant staff library when you are on placement. Please ask the library where you are working for details.

Opening hours

Up to date opening hours for the University library can be found on the ILS Library pages. **Students are advised to check when visiting libraries during the Summer, Christmas or Easter periods. Vacation dates may**
vary from year to year. Please telephone or check the student portal. Notices setting out vacation dates will also be displayed in the library.

The Plymouth University library is a modern, well-equipped information resource and is open 24 hours during term time. Clinical Psychology trainees have the status of University staff which includes borrowing 40 items (books, journals or audio visual material) at any one time for extended loan periods. There is a named Subject Librarian who attends the programme committee meetings and liaises with the school, selecting material for purchase in consultation with staff and student recommendations. The Librarian is happy to offer specialist literature searching sessions on demand.

In addition to the large range of specialist books and printed journals, the library offers access to over 4,000 full text electronic journals which can be read or downloaded from any PC with Internet access. This includes all the printed journals to which the library subscribes that are available electronically plus many others provided in publisher packages. Most British newspapers are available electronically in full text and the library also subscribes to PsycInfo and many other electronic databases.

Articles from the printed journals may be copied in the library and the students may borrow the printed journals so that more extensive and easier copying can take place in the clinical teaching unit. The library purchases multiple copies of core textbooks as well as specialist texts recommended by the staff. A variety of loan periods is used to ensure that copies circulate quickly but there is also a facility for extending the loan period where necessary. Trainees are also provided with full Inter-Library loan facilities and extended loan periods are available on textbooks. **Books borrowed via an Inter-Library loan must be returned direct to the library in person.**

The journal articles from the British Library are now sent directly to the computer. An arrangement is in place so that books and Inter-Library loans can be posted to trainees when they are away from the University on placement. The library also has extensive and advanced computing facilities permitting literature searches of the library’s holdings but these searches can also be done via any Internet connection.

**8.9.3b E-learning and the ‘Managed Learning Environment’**

The Plymouth University delivers a number of services online via ‘Managed Learning Environments’.

All trainees on registration will have access to their ‘Digital Learning Environment, Moodle, which in turn gives access to information and facilities. There are links to folders holding course material, programme documents, claim forms, etc. as well as e-mail, contacts, calendar and tasks. The system can also be used for online discussions. The current system was introduced from September 2014 and we have continued to make full use of these managed learning environments.
8.9.3c Psychological Assessment Library

Trainees have access to an extensive library of psychometric tests and psychological assessment scales held by the Psychology Department. The test library, can be accessed through the School of Psychology’s Information Room which has limited opening hours (during University term times), but tests can, with some difficulty and considerable notice, be accessed at other times through the Administrators in the School of Psychology. An up-to-date list of the test materials available can be obtained via the University intranet.

The library is administered by the Information Room Assistant (01752 504809). Materials can be loaned to trainees but must be signed for at the time of collection (see Appendix 4k). If trainees require a test that is not currently part of the library, a request can be placed through the Programme Administrator for this to be ordered. All purchase requests will be considered in the light of the utility of the intended purchase for the School of Psychology and the availability of resources.

8.9.3d Consent for Participation in Practical and Clinical Teaching

Throughout the programme you will be invited to participate in a variety of activities, such as role play, sculpting, group discussions activities, personal reflection and simulation of clinical case work and so on. These are an essential component of your learning but it is recognised that they may at times arouse some distress for you, especially if they coincide with currently sensitive areas in your life, such as bereavements or relational conflicts. Therefore, presenters are required to make clear to you the content and nature of any such activities before hand so that you are able to make an informed decision about participation. However, since these activities are integral to your training you are asked to sign a general consent form agreeing to participate in these. This is additional to you entering into the Partnership Guidelines (see Section 8.2). Therefore, unless you then make a particular request not to take part, this general consent confirms that you have made an informed decision to participate.

COPIES OF ALL FORMS HIGHLIGHTED IN THIS SECTION CAN BE FOUND ON MOODLE. PLEASE DOWNLOAD THESE AND USE THE FORMS AS APPROPRIATE.
Section Nine: Management and Committees

The programme has a committee and management structure which connects it with both Plymouth University’s management structure and also the Health Education South West (HESW). Furthermore the management framework involves extensive input from Stake-holders, trainees, Supervisors and Service Users to all aspects of the content and delivery of the programme. In addition to the formal management there is an informal network of communication resulting from the ongoing involvement of a wide range of clinical and other psychologists and professionals in the teaching and clinical supervision of the programme. The management framework provides continuity of input and feedback and ensures that the programme meets quality targets set by the HEI, professional bodies and commissioners.

The overall responsibility for the programme resides with the Dean of the Faculty of Health and Human Sciences in collaboration with the Head of School of Psychology and the Programme Director for Clinical Psychology. The Programme Director holds overall responsibility for the delivery of the course, line management of trainees with the Clinical Director, staff team and overall budget management in negotiation with the Head of School. She is responsible for ensuring adherence to internal processes of governance within Plymouth University. She also represents clinical psychology at the School of Psychology Teaching and Learning meetings.

The programme has three Directors who hold lead roles for the overall management, academic content, research training and clinical skills deliveries of the programme. This group meets on a bimonthly basis and in addition meet for specific functions, such as planning review days and accreditation processes.

Programme Director:

Holds responsibility for the overall theoretical and conceptual teaching of theory and knowledge relating to clinical psychology. They also hold responsibility for the development, evaluation and maintenance of the form and quality of teaching employed throughout the programme. The role is focussed on teaching delivered at the University base but also includes distance teaching which takes place locally in host NHS settings. The Programme Director also liaises closely with the External Examiners to make best use of their vital input to quality maintenance.

Clinical Director:

Holds responsibility for the learning that takes place on placement in NHS settings. This includes securing placements of good quality and carefully monitoring their content and quality. Trainee progress on placement is also the responsibility of the Clinical Director, as is management of the Clinical Tutors who engage in placement visits to monitor trainee progress and placement quality. The Clinical Director also takes a lead role in the delivery of professional issues training which is central to trainees’ professional roles in the NHS.
**Research Director:**
Holds responsibility for the teaching of research skills across the three years of the programme. This includes close liaison with NHS Trusts to develop relevant and applicable research, such as the service evaluation/development projects. The Research Director also plays a vital role in promoting research activity and output in terms of publications of the programme team and trainees.

### 9.1 Trainee Input and Feedback

The Course Team are keen to ensure that trainees are proactive in shaping the content and running of the programme and this is facilitated in a number of ways:

**Trainees’ feedback on teaching and learning**

The programme has experimented a great deal with how to capture trainee feedback. We are keen to have an overview from trainees about their experience of the teaching and learning programme as well as more targeted feedback for individual sessions. We require trainee feedback for all teaching sessions. This information will be collated and returned to all contributors. In addition to this, trainee input to the Curriculum Planning Forum and Programme Committee Meetings provides a formal mechanism for trainee feedback more generally to be heard, and for the Programme Team to respond appropriately. This will be a good topic for us to debate with your cohort. In addition, we always welcome informal feedback and are keen to develop ideas with you regarding ways of inputting such feedback.

Trainees input to planning the overall curriculum through the Committee structures outlined below.

**Staff/Trainee Liaison Committee (STLC)**

A forum for discussion of the day–to–day running of the Programme is provided through the Staff/Trainee Liaison Committee. This meets twice during the year and is convened over a lunch break. Although attendance is not compulsory it is strongly advised, as this is the only forum for the cohort as a group to meet formally with programme staff and many minor issues can be swiftly resolved. Small group discussions of specific topics can also take place in STLC time, with these groups reporting back to the whole group. Such discussions allow for some detailed work to be done on a number of topics of interest that would not otherwise be possible in the time available. Suggestions for change can be taken from the STLC to the programme Committee for consideration and action.
9.2 Programme Management Group (Programme Team meetings) /Curriculum Planning Forum /Programme Committee

The Course Team itself holds regular bimonthly staff meetings to cover issues arising both from the day-to-day delivery of the programme and wider issues of programme quality, the welfare and progression of trainees, and the management of change in delivering the programme. The business of this meeting therefore covers some areas of mutual staff-trainee interests as well as more confidential course business. We have therefore evolved a broader Committee structure that facilitates trainee representation and input to the continuing development of the programme.

The Programme has evolved its committee structure to include the Curriculum Planning Forum (CPF). This provides a forum for discussing the design and delivery of the Doctoral Programme and oversees the process of annual module review. Trainee representatives may be invited to attend CPF meetings although their feedback is usually channelled through module review sessions built into the teaching timetable and feedback provided via the STLC. The CPF feeds into a higher order Programme Committee that ratifies all decisions made regarding proposed changes to the delivery of the Programme. The Annual Programme Monitoring process is undertaken through the Programme Committee. The Programme Committee includes representation of trainees (two per cohort) and therefore provides an active forum for trainees to have a voice. We anticipate that trainee representation at the Staff/Trainee Liaison Committee, the Curriculum Planning Forum and the Programme Committee should ensure fair representation of trainees’ views within the immediate delivery of the programme. If there were to be matters of an exceptional or outstanding nature it remains an option to co-opt trainee representation at a meeting of the Programme Team and to discuss any such agenda items at the beginning of this meeting. This allows for individual trainees to make representation to the Programme Team and speak to a particular item in exceptional circumstances where other opportunities for this are not timely or available.

Terms of Reference and a structural diagram of the relationship between these committee structures are provided in Section 9.7

9.3 Staff/Trainee Reflective Sessions

We have found it helpful in the past to run group reflective sessions between trainees and some or all of the Programme staff, often in response to particular issues arising. When Programme staff and trainees come together in a group reflective session, this can serve as a powerful means of communication between trainees and staff about the training experience and about specific issues. These joint reflective groups promote a mutual perspective on events and underline our view that training is a shared experience and a joint endeavour. They are a somewhat flexible and movable feast and are likely to evolve in a collaborative and unique manner with your cohort.
9.4 **Supervisors’ Committee**

Trainees also have the opportunity to represent their year/group at the meetings of the Supervisors’ Committee. This body normally meets twice a year, and looks at placement issues and the concerns of the Supervisors and Liaison Clinical Tutors. There is a specific item in the standing agenda for any trainee issues to be raised.

9.5 **Service Receiver and Carer Consultative Committee SRCCC**

This committee meets three times a year and has recently been chaired jointly by a member of the SRCCG together with a trainee. The group also includes a trainee representative from each cohort. The SRCCC are a group of volunteers who have personal experience and knowledge of the NHS and health and social care services. They give input into the programme in a range of areas, including selection of trainees, clinical skills development, PBL learning, research and assessed work and Reflective Groups.

9.6 **Summary of Trainee Nominations Required**

<table>
<thead>
<tr>
<th>Group / Activity</th>
<th>Number of Representatives</th>
<th>Meeting Frequency</th>
<th>Duration of Mandate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisors’ Committee</td>
<td>2</td>
<td>2 per year</td>
<td>Minimum 1 year</td>
</tr>
<tr>
<td>Curriculum Planning Forum</td>
<td>2 but contact may be less formal and be built into reviewing the teaching and learning programme for each year</td>
<td>2 per year</td>
<td>Minimum 1 year</td>
</tr>
<tr>
<td>Programme Committee</td>
<td>2</td>
<td>2 per year to include Annual Programme Monitoring</td>
<td>Minimum 1 year</td>
</tr>
<tr>
<td>Staff/Trainee Liaison Committee</td>
<td>whole cohort</td>
<td>2 per year</td>
<td>Duration of Training</td>
</tr>
<tr>
<td>Service Receiver and</td>
<td>1 from each cohort</td>
<td>3 per year</td>
<td>Duration of training</td>
</tr>
</tbody>
</table>
9.7  Committee Structure

Clinical Psychology training in the South West Region has evolved to be provided from three collaborating centres at Plymouth, Exeter, and Bath. The Exeter and Plymouth programmes are currently jointly commissioned and share a contract which is managed through Exeter University. There is a long term expectation that the three programmes will continue to collaborate around delivering training.

The committee structure evolved historically to reflect the regional nature of clinical psychology training and to ensure that all Stake-holders had an effective voice. Supervisors have had to cope with a great deal of change. Most are, we believe, now benefitting from being able to have close relationships with a single course (the Supervisors in Exeter are an exception, here, as they will continue to offer placements to trainees from both the Plymouth and Exeter programmes) and to being able to effect change more easily. The Programme Team, and especially the Clinical Director and Clinical Tutors, are committed to making sure that Supervisors are well-supported in their work for the course and that they know that their views and opinions are both valued and influential. The Supervisors’ Committee plays an important role in achieving this.
Terms of reference and constitutions

9.7.1 The Programme Committee

The Programme Committee is responsible for all aspects of programme operation and accountable to the Faculty Board. The Committee is a sub-committee of the Academic Committee of the School of Psychology within the Faculty of Health and Human Sciences. The Committee is the executive committee for the Doctorate Programme in Clinical Psychology at Plymouth University, advising the Programme Director on all aspects of clinical psychology training and effectively representing all relevant stakeholders.

The Committee is:

- Responsible for assisting in the formulation of, and approving, all policies pertaining to the effective delivery of high quality clinical psychology training.
- Annual Programme Monitoring.
- Responsible for advising and supporting the Programme Team in the delivery of high quality clinical psychology training.
- Responsible for the preparation and approval of all quality assurance, approval and accreditation documentation required by the Programme.
- to liaise with, possibly receive minutes from, and consider issues arising within, associated committees including:
  
  (i) the Curriculum Planning Forum
  (ii) the Staff-Trainee Liaison Committees
  (iii) the School Management Group
  (iv) the Supervisors’ Committee
  (v) the Contract Management Group
  (vi) the B.P.S. Committee for Training in Clinical Psychology and the Group of Trainers in Clinical Psychology

- Receive and consider reports from:
  
  (i) External Examiners
  (ii) Health Education South West
  (iii) The British Psychological Society
  (iv) The Board of the Faculty of Health and Human Sciences
  (v) The Health and Care Professions Council.

Membership

- Programme Director (Chairs, or appoints Deputy from within the Committee).
- Programme Administrator (Secretary)
- Programme Team, including Locality Clinical Tutors – minimally the 3 Directors or their deputies.
- Head of School (or Deputy).
- Two Trainee representative from each year group (one-year terms).
o Two NHS Heads of Service (two-year terms, with the option to continue for one further term).
o Two Liaison Tutors or Supervisors, normally including Chair/Vice-Chair of the Supervisors’ Committee (two-year terms with the option to continue for one further term).
o Service User and Carer Representative and Observer if support requested for the person to attend (two-year terms, with the option to continue for one further term).

**Conduct of Business**

⇒ The Committee meets twice each year and the proceedings feed directly into the process of the HEI Annual Programme Monitoring.
⇒ The quorum for a meeting will be at least six members present, including: the Chair or nominated deputy, at least one trainee, at least one Supervisor/Liaison Tutor/Head of Service and at least three members of the Programme Team.
⇒ Decisions will normally be reached by consensus.
⇒ Items for the Agenda should normally be received at least two weeks before each meeting.
⇒ The Agenda and any briefing documents will normally be circulated at least three weeks before the meeting.
⇒ Minutes will normally be circulated within three weeks of each meeting.

**9.7.2 Curriculum Planning Forum**

The Curriculum Planning Forum is responsible for all aspects of the curriculum and its delivery and accountable to the Programme Committee. The committee is a sub-committee of the Programme Committee and advises the Programme Committee on all aspects of academic and research training within the programme.

**The Curriculum Planning Forum :**

- Is responsible for the promotion and maintenance of quality in all aspects of the academic and research components of clinical training.
- Develops and monitors the content and organisation of the academic and research components of clinical training, in light of feedback from trainees, Facilitators, Employers, Supervisors, Service Users and reports from External Examiners, the British Psychological Society (BPS) and the Health and Care Professions Council (HCPC).
- Ensures that the academic and research components of the programme meet training needs and are responsive to developments and changes in the NHS, the BPS, the profession of clinical psychology and the discipline of psychology and the Health and Care Professions Council (HCPC).
- Promotes, monitors and reviews all aspects of the curriculum, proposed learning outcomes and strategies for assessment and evaluation within the programme.
- Makes recommendations for consideration by the Programme Committee. Receives minutes, and responds to decisions and recommendations, of the Programme Committee.
Contributes to the documentation and preparation for quality appraisals, including Faculty Reviews (Periodic Review and Annual Programme Monitoring), HCPC approval, BPS accreditation and HESW contract reviews.

Develops and maintains a pool of NHS Clinical Facilitators and Research Supervisors to support the delivery of the academic and research programmes.

Monitors and develops the academic resources (e.g. library facilities, IT support) available to trainees, Facilitators, Supervisors and Clinical Teachers engaged in the programme.

Liaises with the BPS Special Interest Groups (SIGs) and Faculties.

Makes co-options as necessary to be appointed by invitation of the Committee’s chair.

Membership:

- The Academic and Research Directors (Co-Chairs).
- The Programme Administrator (Secretary).
- The Academic Director.
- The Programme and Clinical Directors (ex-officio).
- NHS Special Advisors (four, covering relevant specialities and SIGs/Faculties).
- Teaching Year Co-ordinators.
- Trainee Representatives, one from each cohort in training.
- Co-opted members (see above).
- Service Users.

Conduct of Business:

- The Forum meets bimonthly but is expected to meet a minimum of three times each year.
- The meeting is generally attended by the Module Leads who may request the attendance of trainees, leads for teaching strands, supervisor representatives, members of the Service Receiver and Carer Consultation Group and other members of the Programme team to assist with curriculum review and module reviews. Items for the Agenda should be received at least two weeks before each meeting.
- The Agenda and any briefing documents will normally be circulated at least two weeks before the meeting.
- Matters arising will normally be circulated on a ‘needs to know’ basis and to the Programme Director for consideration.
- The Forum prepares a report for each Programme Committee.

9.7.3 Supervisors’ Committee

Terminology:

‘The Committee’ shall mean the Supervisors’ Committee of the Plymouth Doctorate Programme in Clinical Psychology.
‘Supervisors’ shall mean all Clinical Psychologists who are eligible, or about to become eligible, to supervise within the Peninsular Strategic Health Authority areas.

‘Liaison Clinical Tutors’ shall be those Clinical Psychologists within the HESW area who have been nominated by their colleagues within their Trust or Service to act as a conduit for communication with the training course.

‘The Chair’ will refer to the chairperson of the local Supervisors’ Committee.

‘Clinical Director’ and ‘Clinical Tutors’ shall be the Clinical Director and Clinical Tutors of the Plymouth Programme.

Membership:

- All the Liaison Clinical Tutors.
- The Clinical Director and Clinical Tutors.
- Two trainee representatives from each year group of the Plymouth Doctorate in Clinical Psychology Programme.

Ex-officio Membership:

- All Supervisors (including Deputy Liaison Clinical Tutors)
- All Plymouth Doctorate in Clinical Psychology Course Team members

Meetings and Operation:

⇒ The Committee is a sub-committee of the Programme Committee.
⇒ The Committee shall meet, as a minimum, twice per year – normally in March and September.
⇒ Meetings shall be called by the Chair and organised and supported by the Plymouth Programme Administration staff.
⇒ Each Liaison Clinical Tutor shall have a deputy who can attend meetings in their stead.

Terms of Reference:

- To report in a timely way to the Programme Committee. This is done through the Chair (or her/his representative) attending meetings.
- To provide systematically and appropriately, a ‘Supervisors’ voice’ in all relevant consultations about training.
- Through the Liaison Clinical Tutors, to act as a conduit for the dissemination of training information to all Psychology Departments in the Peninsular HESW area.
- To support ‘best practice’ in training by sharing the learning generated during trainee placements.
- Through the Chair, to maintain communication with the other two Supervisors’ Committees as required (i.e. those of the Exeter and Bath Programmes) so that issues of mutual interest can be advanced and presented as appropriate.
Through feedback to the Clinical Director and Programme Committee, to influence the development of Clinical Psychology training in the Peninsular HESW area.

To advise the Clinical Director with regard to the content of Supervisor training events provided by the Programme.

Through the Chair and/or Clinical Director, to advise the Programme Team as to appropriate topics and speakers of interest to Supervisors for CPD.

To provide information about placement resources to the Clinical Director.

9.7.4 Programme Management Team

Terms of Reference:

- To implement and monitor the day to day delivery of the programme.
- To review regularly the Trainees' progress.
- Accountable to the Programme Committee.

Membership:

- All clinical, academic and administrative staff of the programme.

Meetings and Operation:

⇒ The Group meets bimonthly.

9.7.5 Staff-Trainee Liaison Committees

Terms of Reference:

- To consider any matter pertaining to the operation or policy of the programme being raised by Trainees or staff and to agree action plans as appropriate.
- To take forward to the Programme Committee agreed agenda items arising from discussion at this Committee.

Membership:

- All trainees in a particular cohort.
- All Programme Staff (meetings are usually attended by the Programme Director and Module Lead for the cohort.)

Meetings and Operation:

⇒ Meetings are held at least twice a year during teaching periods. Additional meetings can be held upon request either by trainees or members of the Programme team.
⇒ Business is conducted by consensus.
⇒ Trainees are responsible for recording the STLC meetings. How this is implemented can vary across cohorts.
9.7.6 Service Receiver and Carer Consultation Committee (SRCCC).

Terms of Reference:

- Overall to promote the presence and contributions of carer/users/receivers of NHS and health and social care services in all aspects of training.
- Specifically to assist in all aspects of the planning, organisation and delivery of the programme. Specific areas of focus are: professional issues and practice, clinical skills, sensitive and ethical practice of clinical psychologists, assessment of trainees, contributing to teaching and learning, selection of trainees and research advice.

Membership:

- Co-ordinator (member of programme staff team).
- 6 trainees representatives – two from each cohort.
- Input as requested from programme team and directors.
- Service Receivers/Carers (maximum of 10).

Meetings and Organisation:

- The group will meet three times per year.
- Minutes from meetings are taken and circulated to the Programme team.
- Overall responsibility lies with the Programme Director.
- Committee feeds into the Supervisors’ Committee and the Programme Committee.

The Clinical Directors of all three Southwest courses continue to collaborate on Supervisor events. It is hoped that the development of e-learning and distance-teaching materials will allow all three courses to continue to collaborate in their use of teaching resources, including regional and national speakers.

APPENDICES

All appendices are provided as separate documents on the Moodle programme page for access by ALL TRAINEES.