UNIVERSITY OF GLASGOW

DOCTORATE IN CLINICAL PSYCHOLOGY

PROGRAMME HANDBOOK

2015—2016

APPENDICES

NHS Education for Scotland

NHS Ayrshire & Arran

NHS Greater Glasgow and Clyde

NHS Lanarkshire

NHS Highland

INDEX OF APPENDICES

APPENDIX 2.1 DOCTORAL PROGRAMME STRATEGY GROUP

CONSTITUTION

Membership

Stakeholder Health Boards	
NHS Greater Glasgow & Clyde	Dr George Ralston
NHS Ayrshire & Arran	Dr Karen Porter
	Ms Catherine Kyle
NHS Lanarkshire	Ms Gillian Anderson
	Dr Gary Tanner
NHS Highland	Dr Sheelagh Rogers
	Dr Andy MacDougal
Non-Stakeholder Health Boards	
NHS Forth Valley	01/03/2011 no longer wished representation
NHS Dumfries	TBC
Doctorate in Clinical Psychology Programme	
Programme Director	Dr Hamish McLeod
Research Director	Prof Tom McMillan
Clinical Practice Director	Dr Gavin Richardson
Head of Mental Health & Well-being	Prof Andrew Gumley
Chair of Selection Sub-Committee	Prof Andrew Gumley
Chair of Supervisors Group	Dr Lisa Reynolds
NHS Education for Scotland	Ms Judy Thomson
DCP (Scotland)	Dr Gayle Cooney
Trainee Sub-Committee Representative	There are two group representatives in each year. All are eligible to attend.
Service User Representative	Mr Thomas Byrne
Local Tutor Representative	Dr Sally Dewis

Tenure Of Appointment

Ex-officio members shall serve for the duration of their tenure. Nomination of student representatives shall be made or renewed annually. The Chair and Chair Depute shall normally serve for a period of two years. The Chair shall rotate on a biennial basis between Health Board representation and Academic Programme Staff representation.

Terms Of Reference

1. To set strategic objectives for the overall organisation, monitoring and development of academic and clinical training of the Programme.
2. To respond to proposals concerning the workforce planning and training and the appraisal of training needs in Health Boards served by the Programme.
3. To appoint convenors of Sub-Committees and Specialist Working Groups.
4. To provide strategic direction for these Groups, to ratify and to receive and approve their reports.
5. To amend and approve Constitutions of the various Programme Sub-Committees.

Standing Orders

1. The Committee shall meet four times per year.
2. A quorum shall consist of six members (or their depute) with at least three Stakeholder Health Board representatives.
3. A Stakeholder Health Board is defined as any employing Health Board of University of Glasgow postgraduate Doctorate in Clinical Psychology Trainee.
4. The Committee will nominate and elect the Chair and Chair Depute.
5. Stakeholder representation will change to reflect composition of postgraduate Doctorate in Clinical Psychology Trainees.
6. The Committee shall have the power to co-opt for a specified time any necessary additional members.
7. Members unable to attend a meeting should send a depute or representative.
8. The position of Chair of the PSG will be held by a representative of one of the stakeholder health boards and will rotate sequentially around each board on a two yearly cycle.

Sub-Committees

1. Programme Organisers Group
2. Selection
3. Academic
4. Supervisors
5. Trainees
6. Carers and Service Users Group (CUSP)

Reporting Arrangements

1. NHS Health Board representatives report through the structures of their respective Boards.
2. University representatives report through the structures of University of Glasgow.
3. Other representatives report to their relevant bodies.
4. As appropriate, to the accreditation body (Health and Care Professions Council).

APPENDIX 2.2 DOCTORAL PROGRAMME STRATEGY GROUP

CONSTITUTION FOR TRAINEE REPRESENTATIVE

Tenure of Appointment:

Nomination of student representatives shall be made or renewed annually.

Two students should be nominated for attendance at this committee, however except in exceptional circumstances, only one should attend with the other acting as a deputy.

Terms of Reference:

The Trainee representative should have the opportunity to be involved in all facets of the committees business deemed to be appropriate by the committee and/ or trainee representative.

Standing Orders:

1. A trainee representative will attend each of the committees 4 annual meetings whenever possible.
2. The trainee representative will have equal voting rights to all other members of the committee. Proposals will be carried by a simple majority.

Subcommittees:

A trainee will sit on a sub-committee or attend a specific meeting of a subcommittee only when the PSG feel this is necessary or the trainee representative feels this to be important.

Reporting Arrangements:

The trainee representative attending the PSG meeting will be responsible for disseminating information from this meeting to all other trainees on the Programme. They should also endeavour to gain the opinions of other trainees before providing feedback to the PSG.

APPENDIX 2.3 SUPERVISORS' SUB-GROUP

CONSTITUTION

Membership

Chair- Elected by sub-committee members.

At least one representative of each health board area.

Membership should represent, as far as possible, each clinical specialism.

Members should be on the programme's list of accredited supervisors.

Clinical Tutors from the University of Glasgow Programme.

A trainee representative.

Terms of reference

1. To represent supervisor issues.
2. To advise on approval and accreditation issues for supervisors and maintain the list of accredited supervisors.
3. To develop the competence agenda.
4. To plan supervisor training.
5. To enhance and support placement capacity.
6. To receive feedback from trainees regarding clinical placements.
7. To advise on professional practice issues.

Standing orders

1. The sub-committee shall meet four times per year.
2. The chair shall be a member of the Programme Management Committee.
3. The chair shall nominate a depute.
4. Sub-committee members shall elect the chair on a two yearly basis.
5. The committee shall have the power to co-opt necessary additional members.

Links

The chairperson will report to the Programme Strategy Committee.

The group links to the Programme Organisers Group via Clinical Tutors.

Any supervisor can raise issues with the sub-committee.

The sub-committee is responsible for organising the annual supervisors meeting.

APPENDIX 3.1 PROGRAMME CREDIT STRUCTURE

YEAR ONE	Credits
Foundations of Clinical Psychology	30
Foundation Clinical Practice 1	45
(1st 6 month placement. Some of Adult Mental Health teaching)	
Foundation Clinical Practice 2	50
(5 month placement, rest of Adult Mental Health teaching)	
Foundation, Knowledge, Understanding and Skills	45
(Assessment, Management and Intervention for Cognitive Impairment, Health Psychology, Older Adults, Psychosis, Addictive Behaviours)	
Service Based Evaluation 1	10
Year One Total	**180**

YEAR TWO	Credits
Children, Young People and Families Theory and Practice	50
(6 month placement plus child/family teaching)	
Learning Disability Theory and Practice	50
(6 month placement plus learning disability teaching)	
Research Methods	15
Research Practice 1	45
(Major Research Proposal, Systematic Review)	
Advanced Professional Practice 1	10
Service Based Evaluation 2	10
Year Two Total	**180**

YEAR THREE	Credits
Advanced Practice 1	40
Advanced Practice 2	40
Psychology and the Law	10
Research Practice 2	80
(Major Research Project)	
Advanced Professional Practice 2	10
Year Three Total	**180**

OVERALL CREDIT STRUCTURE BY YEAR

YEAR ONE	180
YEAR TWO	180
YEAR THREE	180
	540 Credits

540 Credits

APPENDIX 3.2 SCHEMATIC REPRESENTATION OF THE RELATIONSHIP BETWEEN THE DCLINPSY ILO'S AND THE HPC STANDARDS OF PROFICIENCY

APPENDIX 3.3 GUIDANCE ON REQUIREMENTS FOR ALIGNED TRAINING PATHWAY

Clinical Psychology Training in Scotland

Guidance on requirements for Aligned Training Pathways

1. Purpose of the guidance

This guidance has been produced to provide an underpinning framework for nationally commissioned aligned training pathways for any defined clinical population.

The guidance provides information to:

1. enable boards to consider whether they can offer an aligned plan
2. enable descriptions to be made available to applicants
3. inform the content of contracts between NES and the Universities
4. inform the content of the SLA between NES and NHS Boards

2. General Points

Trainees with training pathways aligned to specific clinical populations will follow all core elements of the training as per BPS and HCPC guidance requirements to qualify as clinical psychologists.

The principle underlying aligned training pathways is one of increasing experience with a defined clinical population and not altering either competences required or trainee workload. The main feature that distinguishes the aligned route from the generic route is the advanced specification of the enhanced experience with a defined population. The aim is to help expand workforce capacity in high priority clinical areas.

In order to take account of the variation in service models and current inequity of service provision, flexibility in putting together aligned training plans is required.

3. Clinical Practice Requirements

- All training plans will meet the clinical practice requirements for Clinical Psychology as defined by the HCPC and BPS.
- Opportunities for acquiring generic competencies while working with the defined clinical population will be maximised in the training plan.
- Opportunities for acquiring competencies that are specific to the defined clinical population will also be maximized analogous to existing arrangements for elective/specialist placements.
- A Co-coordinating Clinical Practice Supervisor with a minimum of 2 years relevant post qualification clinical expertise will oversee the Clinical Practice training plan.
- Trainees on aligned training pathways will carry out one or more placements

enabling substantial access to the defined population.

- As aligned training plans are a new development, increased quality assurance monitoring by the Clinical Practice Team will be available. Supervisors may also need to allow for extra time in supervision with trainees and to provide additional reading materials. This is particularly pertinent when trainees are undertaking work not yet covered in core teaching.
- Trainees following aligned pathways will have preferential and prioritised access to any opportunities for additional experiences relevant to the defined population.

4. Academic requirements

- All training plans will meet the academic requirements for Clinical Psychology as defined by the HPC and BPS.
- Opportunities for undertaking academic work that is relevant to the needs of the defined population will be maximized.
- Programme Teams will co-ordinate the academic elements of the aligned training plan.
- Wherever possible academic and research assignments will focus upon topics highly relevant to the defined population.
- As part of any aligned training plan, the trainee will be encouraged to carry out the research components of their training in areas relevant to their defined population. At least one of these components will be relevant to their defined population. In addition the training plan may specify for the major research component to be carried out in an area relevant to the defined population.

5. Curriculum requirements

Access to optional seminar or workshop style teaching specific to aligned training pathways will be developed. This teaching would not be core teaching for generic doctorate trainees, and if there are several clinical populations aligned training pathways, the proposal would be to develop similar 'advanced' seminars and workshops as options that could be offered in parallel to smaller groups of trainees. This additional training may be developed on a national level and may be offered in the form of 'summer school' style teaching shared between Edinburgh and Glasgow.

6. Implementation advice for specific clinical population training pathways

Additional advice about implementing the above framework for specific clinical population training pathways will be made available to NHS Board and programme teams. This advice will provide information about a range of implementation options and is currently being drafted by relevant specialty leads.

7. Additional Guidance for Research alignment

Overview

In 2014, a Research Alignment training pathway was added to the existing alignments offered by the University of Glasgow DClinPsy Programme. This

initiative was negotiated between the key stakeholders (NHS Education for Scotland, the Programme, and the Boards) as an innovation intended to support and nurture future research active clinical psychologists. Like other aligned pathways, this is not a “specialist route” but it provides a framework for selecting discretionary aspects of training so that Trainees can gain experiences that extend their knowledge and skill in the alignment area. Aligned Trainees are expected to develop a high level understanding of the process of conducting research in clinical settings as well as getting extended exposure to wider research issues such as the acquisition and management of research funds, the operation of research governance frameworks, and the communication and dissemination of research outputs. Research Aligned Trainees are connected to an area of research strength for the duration of their training. The current areas on offer are clinical neuropsychology, psychosis, psychological therapies, and learning disability.

Key Functional Relationships

The Trainee will be affiliated with one active MHW research subgroup for the duration of training. A Principal Investigator (or their designate) will act as an Academic Research mentor to the aligned trainee for the entire Course. This relationship will normally also include supervision of the Major Research Project. The main goal of this relationship is to promote the development of the Trainee’s research knowledge and skills from the start of training. This could extend to providing advice on career development pathways and the identification of specific learning experiences that will accelerate research skill and knowledge acquisition.

Within the employing Health Board, the Trainee will relate to a specified NHS Clinical Research mentor who will guide the development of the Trainee’s knowledge of research issues in NHS contexts. The profile characteristics of the person appointed to this role will vary depending on stakeholder board structures. However, it is expected that the Clinical Research mentor will also support the Trainee across the full course and it is possible, but not mandatory, that they could act as the field supervisor for the MRP.

All other programme and employer relationships will be the same for Research Aligned Trainees and other Trainees.

Discretionary Variations in Training Pathway

Research aligned Trainees are expected to commence preparations for their research experiences from the start of training. This will include involving them in early negotiations between MRP field and academic supervisors so that they have an active role in developing a relevant and feasible research project. Wherever possible, the Trainee will also complete a research intensive specialist placement in Year 3. This could include contributions to clinical research trials (e.g. as a trial therapist) or other specialist mini-placements (e.g. being involved

in activities conducted by the R&D CRF). As with other aspects of practicum training, the specific experiences selected will be guided by development needs relevant to core competencies.

Review & Feedback Processes

Progress toward the goal of fostering a high level of research skill and knowledge across training will be monitored via standard programme mechanisms such as the annual ILP review processes and the Academic Advising scheme. Within the Boards, the Trainee's line manager will take a lead role in monitoring their development. In addition, Research Aligned Trainees will also receive an annual progress review involving the Programme Director, Director of Research, and their NHS Mentor. The first of these annual reviews will occur in December of Year 1 so that the Trainee has time to negotiate a research plan for the three years of training. This plan will be the point of reference for subsequent progress reviews.

Periodic reviews of the overall Research Alignment scheme will also be conducted with stakeholders from NES, the employing Board, and the University. The target will be for an annual review of the scheme with feedback provided to relevant Programme committees.

Key Tasks and Activities

Timescale Year 1	Trainee Actions	Course Actions	Board Actions
September (prior to course commencement)	Face to face or VC meeting with Research Director and Programme Director to discuss research subgroup alignment (neuropsychology, psychosis, LD, psychological therapy)	PI's asked to provide a brief description of research projects and experiences that can be offered to Trainees over their 3 year tenure (<1 page)	Liaison with Programme team to negotiate placement experiences that can be offered to research aligned trainees
October	Organisation of initial meetings with research group, Academic and Clinical Research Mentors.	Commencement of mentoring/advising relationship between Academic Research Mentor and Trainee	Commencement of mentoring/advising relationship between Clinical Research Mentor and Trainee
December	Preparation of 3-year outline plan for research experiences and activities for discussion with review	Programme Director, Director of Research, and NHS Mentor meet with Trainee to review and	NHS Mentor contributes to annual review.

	panel.	discuss overall training plan.	
April		Research Director and Programme Director meet with trainee to review progress over year 1.	
Year 2 December			
July	Identification and negotiation of suitable specialist research experiences to be targeted for Y3 (e.g. specialist placement, identified conference presentation)	Review of the proposed research intensive specialist placement for Year 3 by the Director of Research, Programme Director, and Clinical Practice Director	Development of plans for research intensive specialist placement in Year 3 by the LAT (or Board approved designate)
August	Preparation brief (<1 page) annual update report describing research experiences for discussion with review panel.	Programme Director, Director of Research, and NHS Mentor meet with Trainee to review and discuss overall training experiences.	NHS Mentor contributes to annual review.
Year 3			
	1. Specialist placement 2. Submission of journal articles	Set targets and support plan for promoting the submission of both the Systematic Review and Empirical Project for submission to a scholarly journal before the viva voce examination	

APPENDIX 4.1 CONSENT TO PARTICIPATE IN CLINICAL TRAINING

University of Glasgow

VIA VERITAS VITA

Consent to participate in clinical training

Information sheet for trainees

Background: Possible stresses linked to clinical training

For the most part trainees report that their training programme is stimulating and interesting. However, because of its aims and focus, training in Clinical Psychology can present personal challenges and it is widely recognised that clinical teaching can be stressful. At some point in their training it is quite likely that trainees will feel uncomfortable or upset by material to which they are exposed. While this is often a transient experience, some trainees may experience a more sustained impact. Examples of "triggers" for this upset might occur when:

- trainees recognise some aspect of themselves in the clinical material
- teaching makes them more uncomfortably aware of long-standing mental health issues which they had previously managed well
- some of the issues being discussed echo current dilemmas or life-events (such as bereavement, or relationship difficulties)
- some of the content of teaching is at variance with the trainee's personal, cultural or religious beliefs or values

Teaching on the Programme is not restricted to passive listening; it also involves active participation in exercises, which many trainees find rather stressful. For example, most people find it personally challenging to participate in role-plays in front of their peers, disclose personal feelings, or discuss their personal viewpoints. All of these often occur in experiential sessions or in sessions where the focus is on feelings about professional work and career development. Discussion of personal feelings and viewpoints can also be an important part of clinical supervision especially where emotional resonances can occur in relation to placement experiences.

Focusing on the ways in which teaching and training could be stressful is not intended to indicate that there is any intent to make it so. When planning training, the Programme takes into account the potential impact of the teaching content and the teaching method, especially when the topic is a sensitive one. We know that learning is inhibited by high levels of stress, which means that there are powerful educational reasons for keeping any stresses at an optimal level. All teaching modules are co-ordinated and developed by an academic member of staff in conjunction with an NHS colleague and feedback from trainees is gathered for each module and used to inform and develop both the teaching content and the teaching methods employed. Likewise clinical placements are jointly co-ordinated and monitored by NHS and University Tutors with feedback from trainees.

Support for trainees

Although we expect trainees to be appropriately robust in relation to the issues which training presents them with, we also expect them to be able to reflect on and to talk about their feelings. All professionals need to recognise when seeking support from others is the most appropriate action. The Programme Handbook (Chapter 5) contains clear information about sources of support. Although it can be very hard to draw attention to difficult personal experiences, suffering in silence is neither helpful nor a good model for a professional career.

Your consent to participate in clinical training

It is a requirement of the Health Professions Council (HPC) that when students participate in clinical teaching they have given informed consent to this. For this consent to be meaningful it is important to set out the Programme's expectations and the rights of trainees.

Programme expectations in relation to clinical training

The Programme expects that trainees will actively participate in all aspects of the clinical, academic and research teaching, including:

- Clinical placements
- Lectures
- Experiential exercises which take place as part of lectures
- Workshops on clinical topics and reflective practice
- Role-play as part of the above activities (this may include taking the role of both therapist and client; giving feedback to peers; and receiving feedback from peers, carers, service users, actors and lecturers)
- Research projects

Where a trainee finds participation difficult they are entitled to withdraw from an exercise, but the Programme expects them to do this in an appropriately professional manner. If their level of personal distress is very high and results

(for example) in prolonged withdrawal from specific areas of teaching, it is expected that the trainee take appropriate action to address and return to an appropriate level of participation. This would normally include discussion with their University Advisor, who can advise on ways to appropriately manage difficult reactions to teaching activities.

In practical terms, trainees who find themselves distressed during a lecture or a workshop are entitled to leave, but should do so as quietly as possible, returning if they feel able to, and if possible discussing their absence with the lecturer or workshop leader. Trainees who feel that a workshop task is too personally demanding are entitled not to participate, but should do so in an appropriately negotiated manner, if possible discussing this with the lecturer.

Disclosure of personal information

During training there should be no pressure on trainees to disclose personal information that they feel uncomfortable revealing and especially personal information, which they do not see as relevant to the task of training. However, the nature of the programme means that discussion of personal feelings in relation to professional development is often appropriate and necessary, and there is an expectation that trainees will be open to discussion of these feelings if these are relevant to their clinical work and professional development.

Confidentiality

Trainees who discuss their experience of stress arising from clinical training (or indeed any personal issue) with a member of staff are entitled to the usual assurance of confidentiality that applies in clinical contexts. This means that information that they disclose will not usually be discussed with third parties without their consent and/or knowledge. As in clinical contexts, a guarantee of confidentiality cannot be absolute, as might be the case if there were serious concerns about the welfare of the trainee. Any such breaches would be rare, and would usually be discussed with the trainee.

The HPC publish guidance relating to confidentiality on their website ("Confidentiality – Guidance for Registrants"[1]), and this expands on the principles set out in this paragraph.

Consenting to participate in clinical training

At the end of this document is a formal consent form. Signing it means that you acknowledge and accept the expectations set out above and have had a chance to clarify what is expected of you during training. However, although you are consenting to participate in teaching, this consent is not absolute and includes

[1] www.hpc-uk.org/assets/documents/100023F1GuidanceonconfidentialityFINAL.pdf

the right to withdraw if there are exceptional circumstances or good grounds for doing so[2].

[2] This document has been adapted by the form 'Consent for participation in clinical teaching' developed by Professor Tony Roth, Doctoral Course in Clinical Psychology, University College London:

http://www.ucl.ac.uk/clinical-psychology/traininghandbook/sectionpage.php?sectionvar=Appendix_16_Consent_for_participation_in_clinical_teaching&Submit=Submit, accessed 29/03/2012

University of Glasgow

Doctorate in Clinical Psychology

Consent to participation in clinical training

	please indicate with a cross
I have read the background information provided by the Programme in Appendix 4.1 of the Handbook which: a) acknowledges the potential stresses inherent in clinical teaching b) sets out the Programme's expectations of trainees in relation to their participation in clinical teaching	
I am aware that I am not obliged to sign this form.	
I am aware of the relevant section (Chapter 5) of the Trainee Handbook which provides details of the sources of support offered by the Programme and by external agencies.	

I consent to participate in the clinical teaching provided by the University of Glasgow, Doctorate in Clinical Psychology

Name of trainee: …….

Signature: …….. Date: ……

APPENDIX 6.1 INDIVIDUAL LEARNING PLAN

(SAMPLE)

University of Glasgow/West of Scotland Clinical Psychology Training Programme
Individual Learning Plan

Name of Trainee: NHS (Health Board) Area: Training Duration: 3 years

Intake Date: End Date:

Year	Training Modules	Planned Placements	Supervisor
1	Foundations of Clinical Psychology Foundation Clinical Practice I (6 month placement plus Adult Mental Health teaching) Foundation Clinical Practice II (5 month placement plus Adult Mental Health teaching) Foundation, Knowledge, Understanding and Skills (Neurosciences, Physical Health, Older Adult, Psychosis, Addictions) Service Based Evaluation	1. Adult Core Competencies (10.5 months)	To be proposed by Locality Tutor / NHS Psychology Manager
2	Children, Young People and Family Theory and Practice (6 month placement plus child/family teaching) Research Methods (Preliminary Research Proposal / Critical Appraisal) Learning Disability Theory and Practice (6 month placement plus Learning Disability Teaching) Research Practice I (Major research proposal, Systematic Review Outline) Advanced Professional Practice I Evidence Based Practitioner (Single n Proposal)	2. Children, Young People & Family (6 months)* 3. Learning Disability (6 months)* *placements in either order	To be proposed by Locality Tutor / NHS Psychology Manager
3	Advanced Clinical Practice I (6 month placement) Advanced Clinical Practice II (6 month placement) Psychology and the Law Research Practice II (Major Research Project) Advanced Professional Practice II	4. Advanced Practice I (6 months) 5. Advanced Practice II (6 months)	To be proposed by Locality Tutor / NHS Psychology Manager

Clinical Research Portfolio Title: ..... Name of Research Supervisor: .....

Signed: ..... (NHS Manager) Date ..... Signed:..... (Programme Director) Date .....

Signed:..... (Trainee) Date.....

Review Date 1: Review Date 2: Review Date 3:

APPENDIX 6.2 BPS GUIDELINES FOR CLINICAL SUPERVISION (2010)

ACCREDITATION THROUGH PARTNERSHIP

Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision

Introduction

The following guidelines set out the minimum standards necessary to achieve good practice in the supervision of clinical trainees. In practice it is often helpful to adapt these guidelines and customize them to your specific programme. It is important that these guidelines are read in conjunction with the Society's standards for accredited programmes in clinical psychology, which are available at www.bps.org.uk/accreditation/downloads.

1. Qualifications of supervisors

1.1 Trainees must be supervised either by:

(i) A clinical psychologist who is registered with the Health Professions Council, and/or who holds Chartered Membership of the Society and full membership of the Division of Clinical Psychology, who has at least two years' post-qualification experience, and who has clinical responsibilities in the unit in which the work is carried out; or

(ii) Any other appropriately qualified and experienced psychologist who is registered with the Health Professions Council, and/or who holds Chartered Membership of the Society; or

(iii) An appropriately qualified and experienced member of another profession who is registered with a professional or statutory body which has a code of ethics, and accreditation and disciplinary/complaints procedures.

In case of (ii) or (iii) above, the quality and quantity of supervision that is received by the trainee must be monitored carefully by the Programme Director or Clinical Tutor.

1.2 Supervision should normally be provided by a supervisor who has clinical responsibilities in the unit or service in which the work is carried out.

2. Supervisors Workshops and Meetings

2.1 Programmes must organise regular supervision workshops to train supervisors in methods of supervision; these should be designed with the needs of new as well as experienced supervisors in mind. Supervisors are expected to attend workshops on supervision. There should also be regular meetings at which supervisors have an opportunity to share information and discuss problems. Where programmes make use of team supervision, viz. where the ratio of trainee to supervisor is other than 1:1, the programme must ensure that

appropriate guidance is given to supervisors and trainees on the procedures that are necessary for good team supervision. It will probably be necessary to establish supervisor workshops related specifically to team supervision.

2.2 Suggested learning objectives for introductory supervisor training are provided at

www.bps.org.uk/accreditation/downloads. Programmes that have developed supervisor training that reflects these objectives are able to seek approval for their training from the Society's Learning Centre (www.bps.org.uk/learningcentre), enabling supervisors who successfully complete the training to apply for entry to the Society's Register of Applied Psychology Practice Supervisors.

2.3 It is important that supervisors keep abreast of theoretical, research and professional developments in their fields of work and participate in continuing professional development.

3. Allocation to Clinical Placements

3.1 There should be an explicit procedure for allocating trainees to clinical placements. All trainees and supervisors involved should understand the procedure and know how to influence decisions about clinical placements. The person responsible for arranging placements should give primacy to general training requirements and competency development needs but should also take account of the needs of individual trainees. Information should be provided about the experience obtainable in the various placements to help trainees and programme staff to make placement decisions.

3.2 The Programme should try to ensure effective co-working for trainees who are sharing the same placement. This is especially important where there is team supervision, with two trainees allocated to one supervisor, or when two or more trainees receive supervision from a team of supervisors, within the same placement.

4. Setting up the Placement

4.1 Both trainee(s) and supervisor(s) must have an opportunity to meet either before, or at the very beginning of the placement to discuss the range of experience, which is to be provided, and the expectations (hours, days of work, etc) of the trainee(s). The general aims of the placement should be agreed within the first two weeks of the placement and a clinical contract should be written and returned to the Programme. Attention must be paid in the clinical contract to the range of opportunities available in the placement, and to the needs, interests and previous experience of the trainee. Particular efforts should be made to fill major gaps in the trainee's experience, and records of the trainee's previous experience should be available for this purpose. The Programme Director or Clinical Tutor will have played a major role in the assessment of the trainee's strengths and needs and in the sequence of placements.

4.2 In cases where there is more than one supervisor involved in a trainee's placement (team supervision) a primary supervisor must be identified for each trainee who will take responsibility for the planning and co-ordination of that trainee's placement, supervision and assessment, and for liaison with

Programme staff.

4.3 The supervisor must plan an induction for the trainee, arrange for cover in the event of annual or other leave and should plan casework well in advance.

4.4 Care should be taken to ensure that the trainee has access to (at least) shared office space, telephone and a desk. There must be adequate arrangements for secretarial and IT support for placement work and trainees must be given guidance on the facilities available.

4.5 Supervisors must remember that they have clinical and legal responsibilities for their trainees throughout the training period. It is good practice for supervisors to be insured, for trainees to be aware of relevant legal boundaries (e.g. re. the Data Protection Act, the Children Act). It is essential that trainees have appropriate (substantive or honorary) contracts that allow them to work in their placement.

5. Placement Content

5.1 Programmes must develop, in consultation with the Division of Clinical Psychology's Faculties and Special Interest Groups and local supervisors, guidelines on the required experience in clinical placements, recommending an appropriate amount of clinical work.

5.2 The local guidelines on placement content should be taken into account in the provision of placement experience for the trainee. The level of his/her experience and expertise and the stage of training will determine the particular balance of work for each individual trainee.

5.3 Supervisors should ensure that trainees undertake an appropriate quantity of clinical work. There are dangers in both extremes: too little work reduces the opportunity for learning and too much may reduce trainees' capacity for planning or reflecting upon the work. Supervisors should monitor the balance of time spent by the trainee on work at different levels (direct client work, indirect and organisational work). This balance will vary according to the stage of training and the type of placement. Supervisors should be alert to the dangers of time being lost at the start of the placement through suitable work not being available and should take this into account in preparing for the arrival of the trainee.

5.4 A log must be kept of the work a trainee has done in a clinical placement. The programme must ensure that the Clinical Tutor appropriately uses these records in planning future placements and by future clinical supervisors in discussing what experience they should provide.

5.5 With team supervision, the programme should give clear guidelines about the experience to be acquired so that the placement may be planned to make optimal use of others involved in providing supervision.

6. Clinical Supervision

6.1 There must be a formal, scheduled supervision meeting each week that must be of at least an hour's duration. Longer supervision will sometimes be needed, especially where team or group supervision is used. In addition, supervisors should try to make themselves available for informal discussion of matters that arise between formal supervision sessions. The total contact between the trainee(s) and supervisor(s) must be at least three hours a week, and will need to

be considerably longer than this time at the beginning of training.

6.2 In cases of team or group supervision, trainees must always receive, in addition, an appropriate amount of individual supervision. Individual supervision must provide opportunities to discuss personal issues, professional development, overall workload and organisational difficulties as well as on-going casework.

6.3 Adequate time for clinically relevant reading must be made available to the trainee on placement. In addition, supervisors have a crucial role in contributing to the integration of the academic and practical aspects of the Programme. They should discuss literature relevant to the clinical work in hand and suggest suitable reading to the trainee. In general they should help trainees to develop a scholarly and critical approach to their clinical work.

6.4 In addition to discussing clinical work, it is essential that the trainees and supervisors have opportunities to observe each other at work: the trainee can learn much more from this and it is essential in order for the supervisor to give the trainee accurate and constructive feedback. Placements differ in the most appropriate opportunities for such direct contact: some may use joint clinical work of some kind; others may prefer audiotape, videotape or a one-way screen. Some form of mutual observation of clinical work is regarded as essential.

7. Quality of Clinical Supervision

7.1 The quality of the supervision that is provided for the trainee will depend upon many factors. The care taken in the early stages to build up a good relationship will enhance the quality of the clinical supervision.

7.2 Supervisors should be prepared to adapt their style of supervision to the stage of the programme a trainee has reached. It is necessary to be prepared to describe basic clinical procedures in detail and to ensure that trainees have an adequate grasp of techniques they are asked to use. Detailed training in techniques should also be available to more experienced trainees if required.

7.3 Trainees and supervisors may find that they have a different orientation and interests. Where this happens tolerance should be shown on both sides. Trainees should be helped to see that they might learn much that is valuable from a supervisor whose approach they may not ultimately wish to adopt. On the other hand, supervisors should see it as one of their functions to help trainees develop their own interests in an appropriate way. Where supervisors decide they must overrule the way the trainee wishes to work, they should explain their reasons with care, rather than simply asserting that this is how things should be done.

7.4 Supervisors should be prepared to discuss seriously and sympathetically any general issues of relationships with patients or staff that arise in the programme of clinical work. They should be sensitive to any personal issues that arise for the trainees in relation to clients and be prepared to discuss these in a supportive way when they are considered to affect the trainee’s work. The range of personal issues that can be raised by clinical work is wide and includes, for example, over-involvement, dealing with anger and despair, workload and time management problems.

8. Clinical Reports and Communication

8.1 Communication with other members of clinical teams and networks involves both written and verbal reports. Verbal reporting and discussion are often more important than formal written reports in terms of their effects on clinical decisions and action. Since the relative importance of written and oral communication is likely to vary between settings, supervisors will need to identify the most important channels of communication in their placement and teach the trainee to use these channels effectively and efficiently. Training in effective communication will involve both observation of the supervisor's behaviour, and practice by the trainee with ample opportunity for feedback.

8.2 There is a wide variation within the profession in how clinical reports are written and presented, particularly with respect to the amount of detailed information provided. Trainees need to be acquainted with a variety of report and letter writing styles. If there is agreement about minimal requirements of clarity and relevance in reports, exposure to individual differences between supervisors is more likely to be constructive than confusing. Trainees should be encouraged to write reports that are appropriate to the recipient (whether this is a professional colleague or a client), avoid jargon, distinguish clearly between fact and opinion, and provide consistent clarity of expression. Both supervisor and trainee should be aware of the potential conflict between communicating fully to professional colleagues and maintaining confidentiality.

9. Review Meetings and Feedback

9.1 There must be a formal process during each placement whereby the Programme team monitors the clinical experience of trainees and the supervision provided, and helps to resolve any problems that may have arisen. The aims of this are:

a) to review the progress of the clinical Contract

b) to give feedback to the trainee on his/her clinical performance

c) to allow the trainee to comment on the adequacy of the placement

d) to set targets based upon the above for the remainder of the placement

e) to give feedback to the supervisor on his/her performance.

9.2 When a trainee is involved with some form of team supervision, the programme must ensure that each trainee's experience is monitored on an individual basis. Other review or feedback of meetings that may be held at the beginning and end of a placement should also allow for individual time allocation for each trainee. If possible, all team supervisors involved with any single trainee should be involved in the monitoring process (and beginning and end of placement meetings). Where it is not possible for all a trainee's supervisors to be present at a key review meeting, one designated supervisor should seek views from other team supervisors prior to the meeting, and provide feedback after the meeting.

9.3 Matters such as the physical resources available to the trainee (room space, secretarial backup, etc) and theory-practice links may also be usefully discussed at this time. Supervisors and trainees may find it helpful in the review to go

through the rating forms that will be used at the end of the placement.

9.4 In general, it is expected that the programme staff member conducting the monitoring will hold discussions with the trainee and supervisor separately and then hold a joint discussion. In this way more accurate feedback about the trainee's performance and about the quality of the supervision provided may be obtained. The timing of the monitoring is important if sufficient time is to be left for improvements to be made. A plan and timetable for the review should be agreed at the start of the placement.

9.5 Mid placement qualitative feedback is essential both for the supervisor and the trainee. Supervisors should try to set aside positive or negative personal feelings about trainees when making evaluations. Feedback should be detailed and constructive and designed to help trainees develop a range of effective and appropriate skills; thus, feedback should be critical but not wholly negative.

9.6 If seriously dissatisfied about aspects of a trainee's performance, supervisors should regard themselves as under an obligation to the profession to indicate this to the programme staff.

9.7 The trainee also has a responsibility to the programme and to the profession to give feedback to the programme staff about the quality of the placement and the supervision.

9.8 At the end of the placement the supervisor must give the trainee full feedback on his/her clinical performance. The trainee must see the supervisor's written assessment. Any major points that the supervisor is concerned about should normally have been raised well beforehand, at least during the formal monitoring process, to allow the trainee time to improve. The trainee must also have ample opportunity to comment on the placement, for example, on the experience and the supervision received. The trainee's views should be recorded formally as part of the general evaluation of the placement. Feedback forms and forms for rating clinical competence should always be completed at the time of the end of placement review and returned promptly.

9.9 The points made in section 9.5 concerning the provision of balanced, constructive and detailed feedback to the trainee also apply to the end of placement review. The supervisor should, in addition, help the trainee to identify gaps in his/her experience to facilitate planning for subsequent placements. It is important for the supervisor and trainee to forward this information to the person responsible for co-ordinating placements.

10. Assessment of Clinical Competence

10.1 It is important that supervisors are familiar with the examination and continuous assessment requirements for trainees and the guidelines and regulations for these.

10.2 In cases of team supervision, all supervisors who have been involved with the trainee(s) must be familiar with the programme's assessment procedure and must give feedback on the trainee(s) clinical competence.

10.3 Supervisors must be familiar with the specific criteria for passing and failing in the assessment of clinical competence set by the programme. In addition, supervisors should be aware of appeals procedures. In cases where trainees

have displayed unsatisfactory behaviour, such as regular and serious lateness for clinical appointments, professional misconduct, or failure to acquire an adequate level of clinical competence, trainees must be left in no doubt about the problem. The supervisors should discuss with the Clinical Tutor what action should be taken and it may be helpful to have a member of the programme staff present at the time of the end of placement review.

Revised September 2010

APPENDIX 6.3 SAMPLE PLACEMENT AGREEMENT

The following is a general guide and should be adapted to local circumstances.

TRAINEE **SUPERVISOR**

PLACEMENT Specialty and location

DATE Period and days on placements

SUPERVISION MEETING

Day and time, arrangements for cover in absence of supervisor. Where more than one supervisor is being used, arrangements for both supervisors should be specified.

OBJECTIVES

General statement of objectives and aims. It is helpful to state the objectives in terms of specific competencies or experiences which the trainee will have attained during the placement.

INTENDED LEARNING OUTCOMES

Detail the intended learning outcomes for the relevant courses. Supervisor and trainee should use the trainee's Clinical Training Folder to review the trainee's previous experience and to incorporate any programme recommendations on ILOs and required essential experience from the Individual Learning Plan Review.

CONTENT

This should include reference to and/or estimates of the following:

- **Induction process**

  Plans for the early part of the placement. Health, Safety and Welfare

  Trainees must have access to local policies and procedures documents relating to Health, Safety and Welfare. The supervisor must ensure that the trainee must be familiar with these procedures.

- **Caseload**

  Range and number of cases

  Types of treatment and assessment methods

  Therapeutic Skills

Percentage of time to be spent in direct patient contact (it is recommended that this should not exceed 50% of time spent on placement).

- **Supervision**

  Where more than one supervisor is being used, specify main supervisor if appropriate and outline who will do which part of the supervision process.

  The plan should also specify which supervisor will contribute to the End of Placement report.

  Frequency and methods of supervision.

  Frequency and methods of observation of the trainee by the Supervisor and vice versa.

- **Further Professional Practice**

  Other aspects of professional work to be considered within the context of the placement, including ILOs relevant to professional practice, working within professional guidelines, and wider roles of working, including teaching and training other professionals, supervising others, leadership roles, audit and research.

- **Other Planned Experiences**

  Other activities e.g. regular meetings, group work, clinics and hospitals to be attended.

FACILITIES

Trainees should have a minimum of access to a shared office with their own desk and access to adequate secretarial support (in line with resource provision for the rest of the team).

Other facilities such as access to computer and library should be described in this section.

DATE OF Mid-Placement Review .....

Placement Visit .....

End of Placement Review.....

SIGNATURE OF TRAINEE .....

SIGNATURE OF SUPERVISOR .....

DATE .....

APPENDIX 6.4 PLACEMENT DOCUMENTATION INSTRUCTIONS

Documentation	How will the documentation be used?	At what time points will the documentation be used, and by whom?	Programme Submission Date
Placement Agreement	To identify and evidence objectives of the placement in line with Course Intended Learning Outcomes. Set at the outset of placement and used as a basis for monitoring progress.	**Beginning of Placement** Supervisor and Trainee **Midplacement Review** Supervisor and Trainee **Placement Visit** Placement Visitor, Supervisor and Trainee	2 weeks after commencement of placement Submitted by trainee via Clinical Practice Secretary
Trainee - Reflective Portfolio			
Log book of Clinical Activity	To identify and evidence Trainee experience on placement	**Midplacement Review** Supervisor and Trainee	End of each Course **Submitted by trainee via Clinical Practice Secretary**
Reflective Notes	To identify how developing clinical experience (as evidenced in the Log Book of Clinical Activity) relates to Intended Learning Outcomes	**Placement Visit** Placement Visitor, Supervisor and Trainee **Individual Learning Plan Review** Trainee and Member of the Programme Team	
Supervisor – Evaluation of Clinical Competence			
Evaluation of Clinical Competence Form	To identify and evaluate how developing clinical experience relates to Intended Learning Outcomes	**Midplacement Review** Supervisor and Trainee **Placement Visit** Placement Visitor, Supervisor and Trainee **Individual Learning Plan Review** Trainee and Member of the Programme Team	End of each Course **Submitted by trainee via Clinical Practice Secretary**

Trainees also complete and submit written feedback on the placement in the

Trainee Feedback on Placement Form at the end of the Course placement.

OVERVIEW

Six modules or "Courses" involve training through a clinical placement, and are an integral part of the Programme. They are detailed below

Year I

Course 2: Foundation Clinical Practice I

Aims

1. For trainees to acquire a foundation knowledge of the theoretical/clinical base and professional issues relevant to adult mental health.
2. For trainees to develop the core skills of clinical practice in an adult mental health setting: assessment, formulation, intervention, evaluation, and communication.

Course 3: Foundation Clinical Practice II

Aims

1. To consolidate and extend knowledge of the clinical psychological literature relevant to working in adult mental health settings.
2. To consolidate and develop trainee assessment, formulation, intervention, evaluation, and communication skills within the adult mental health setting.

Year II

Course 6: Children / Young People and Families Theory and Practice

Aims

1. To develop trainee knowledge of the clinical psychological literature relevant to working with children and their families.
2. To develop trainee assessment, formulation, intervention, evaluation, and communication skills for work with children and their families.

Course 7: Learning Disability Theory and Practice

Aims

1. To develop trainee knowledge of the clinical psychological literature relevant to working with people with learning disability.
2. To develop trainee assessment, formulation, intervention, evaluation, and communication skills for work with people with learning disability.

Year III

Course 12: Advanced Practice I

Aims

1. To provide experience of working with complex clinical problems.
2. To provide an opportunity to consolidate and develop clinical skills of assessment, formulation, intervention and evaluation within a specialist area of clinical practice.
3. To provide a venue for the demonstration of original and creative application of evidence-based practice and for theory-practice integration.

Course 13: Advanced Practice II

Aims

1. To provide an opportunity to make complex judgements, especially risk assessments.
2. To provide an opportunity to develop complex skills of assessment, formulation, intervention and evaluation within a specialist area of clinical practice.
3. To experience the role of consultancy in health and social care.
4. To provide learning opportunities for the practice of clinical and professional skills in the context of new problems and new circumstances.

PLACEMENT DOCUMENTATION

For each Course, both Trainee and Clinical Supervisor complete placement documentation.

Placement Agreement

The placement agreement should be drawn up by supervisor and trainee, in the context of the trainee's previous experience. The trainee should provide a summary of their previous experience, through the use of their Clinical Training Folder. The placement agreement should incorporate time for the trainee to complete any placement based research (e.g. Service Based Evaluation). The planned experiences during the first half of the placement should also reflect the Intended Learning Outcomes of the relevant Course, as laid out clearly in the relevant Supervisor Evaluation Form.

The Placement Agreement should include:

1. Overall aims and objectives of placement experience
2. A statement of Intended Learning Outcomes relevant to the placement
3. Name and contact details of the back-up supervisor
4. Plans for induction, including health & safety and risk induction
5. Trainee/Supervisor responsibilities including
    a. Discussion of self care and work/home balance
    b. Dealing with personal issues that may arise in the course of the trainee's work
    c. Communication (written and verbal) including service deadlines, access to template/example correspondence
    d. Review of risk and therapist/service user safety
6. Therapeutic models adopted in the setting
7. Explicit plans for weekly clinical supervision
    a. Format and style of supervision meetings
    b. Process for recording content and action points
    c. Formats for developing theory practice links e.g. case presentation, role play, review of recordings

d. Models of supervision/reflective practice

8. How and when supervisor will observe trainee:

a) in direct clinical work on at least 5 occasions for each Course (this should include at least part of the assessment phase of both a treatment and a cognitive assessment case, including administration of appropriate assessment instruments; and early, middle and end of (not necessarily the same) treatment case)

b) in other settings (e.g. team meetings, liaising with other professionals)

c) Use of structured tools during observation and method of feedback

7. How and when trainee will observe supervisor (on at least 5 occasions for each Course) and other professionals (as available).

Reflective Portfolio

- Log Book of Clinical Activity
- Reflective Notes

As part of the formal examination system and as a reflective record of the development of clinical skills and competencies, trainees are required to complete the Logbook of Clinical Activity and the Reflective Notes documentation while on placement. Together, these documents comprise the trainee's Reflective Portfolio.

The *Log Book of Clinical Activity* must be completed as an ongoing activity while on placement. It must be updated and utilised at specific time points throughout the Course - Midplacement Review, Placement Visit, and ILP Review - and a final version is submitted to the Programme at the end of the Course. The logbook should be an accurate record and description of activity on placement. If gaps in experience are identified, then trainees should consider how these will inform and shape individual learning plans, and include a consideration of further experience needed in the Reflective Notes.

- The client's initials should not be used in the final submitted logbook. Number cases instead.
- Separate recording tables are provided for Individual, Couple and Family cases and Groups.
- Keep to the format and be brief.
- Where assessment only is carried out, this should be noted in the box provided in the Record of Individual Cases table.
- Assessment should include a brief description of methods of assessment and any measures used.
- Intervention should summarise standard and non-standard treatment methods. Distinguish clearly plans from interventions already carried out.
- Outcome should briefly state any change in presentation of symptoms through use of outcome measures and/or observations, and whether the case was passed to supervisor, referred on to another agency or discharged.

- If others were also involved in management of this case, clearly indicate your role.
- Learning Points ("What did I learn from this case?") may relate to the Intended Learning Outcomes in the Reflective Notes, but may also include professional learning experiences not easily categorised.

The *Reflective Notes* are designed to assist the trainee in monitoring and reflecting on learning experiences on clinical placement. Each section relates to an important area of professional practice, and relates to 'intended learning outcomes' (ILOs) for the course. (The document is available electronically and short notes should be typed for submission. The supervisor will use a 'parallel' form with the same competencies, in order to evaluate the trainee's progress and to form a basis for constructive advice.)

Reflective Notes must be completed prior to the Midplacement Review with the placement supervisor(s). This process allows self-assessment of progress so far, but also allows trainee and supervisor to collaboratively identify gaps in experience and to decide upon appropriate action. This review, along with details of the Placement Agreement, will inform discussion during the Placement Visit from a member of the programme team.

The Reflective Notes should be submitted at the end of the Course. The use of a personal reflective diary may be used to aid in the process of reflection. The reflective diary will not be viewed by any other person, and will not be submitted for inspection. It will be a private and personal aid, for trainees to use at key points in the placement to reflect on powerful learning experiences as they occur.

Trainee Feedback on Placement

The trainee is given the opportunity to give written feedback on training experiences during placement by completing the Trainee Feedback on Placement form. They may comment on the quality of the supervision, the adherence to the Placement Agreement, and on the resources available during the placement. This document is read and signed by both trainee and supervisor.

From 2009, further feedback on the *Quality of Supervision* (as outlined in the BPS CTCP guidelines for Supervision), independent from the specific training placement, have been provided by trainees. This feedback is not signed off by supervisors. This new procedure was introduced in response to accreditation requirements from the BPS. This audit questionnaire is completed two weeks after each placement and is submitted independently of end of placement documentation. Information in the questionnaire will then be audited. Individual concerns will be addressed appropriately. An overview of the audit will be presented to the Programme Strategy Group and to the Supervisors' Subcommittee on an annual basis. The identity of individual supervisors will not be contained in this overview.

Evaluation of Clinical Competence

The supervisor should rate the trainee under each heading and add explanatory comments where appropriate. The form is available electronically, on Moodle and can be typed or hand-written as preferred. The standard documents

provided are macro enabled word files. Please enable the use of macros on your computer to enable you to complete the ratings electronically. Provide additional comments and feedback as desired.

Please refer to the Placement Documentation Instructions for full guidance for supervisors on how to complete this form. Please select the appropriate grade for each ILO according to the definitions below. Please enable the use of macros on your computer to enable you to complete the ratings electronically. Provide additional comments and feedback as desired.

This documentation is reviewed by the Clinical Practice Team and any appropriate information will be passed on to the next supervisor. The documentation will also inform the process of the Individual Learning Plan Review. Trainees will let future supervisors see their Individual Learning Plans, as agreed by the Clinical Practice Director, to allow for continuity of training and to facilitate the transferability of skills.

In arriving at a rating, the following points should be considered:

a) Trainees cannot be expected (nor expect themselves) to perform at a level of established competence on all abilities, all of the time.

b) Competence is defined as the ability to perform the activities of an occupation to the standards expected in employment or to the standards expected by the profession, as appropriate to level of developmental stage in training.

c) The use of the "SOME IMPROVEMENT DESIRABLE" rating should *not* be seen as unusual or as necessarily implying negative judgment on the trainee's performance as a whole.

d) The comments section should be used to illustrate the reasons for the rating given. In the case of a low rating, the supervisors should give guidance on how the trainee may improve development of competence.

e) These assessments must be partly based on direct observation of the trainee. Supervisors should fully consider the evidence from their supervision notes and observations that lead them to make judgements.

Please circle the appropriate rating. The following are the definitions to be used for the rating of each item:

1. **COMPETENCE DEMONSTRATED SATISFACTORILY:** This trainee's performance is considered to be of a satisfactory standard with respect to this competency. The standard of rating here suggests that the skills, knowledge and values of the trainee are at a level one would ordinarily expect at this level of experience.

2. **COMPETENCE DEMONSTRATED, SOME IMPROVEMENT DESIRABLE:** Competence development is evident, but some improvement is desirable. This rating may be used where a trainee needs to further improve their skills or competence. This rating may also be used when supervisors lack evidence to be fully confident that competence is demonstrated satisfactorily. There should be no concern that performance

is less than adequate or that remediation is required. This rating must be accompanied by specific recommendations on how the trainee can improve in this area. This may involve gaining further experience or training.

R/R **REMEDIATION REQUIRED:** This rating implies that a trainee is considered to be performing at a less than adequate standard of competence than would be expected given the level of training. *Specific details should be provided*. In this event the Clinical Practice Director becomes involved to develop a plan of remedial action and to determine adjustment to the Individual Learning Plan.

N/O **NO OPPORTUNITY TO ESTABLISH COMPETENCE**: The placement has not provided sufficient experience to make any of the above judgments. This rating by a supervisor *should only be used sparingly* (i.e. when none of the above apply) *and requires explanation*. The supervisor should have made every effort to make experience available to the trainee during placement. In this event the Clinical Practice Director becomes involved to develop a plan of remedial action and to determine adjustment to the Individual Learning Plan.

The Evaluation of Clinical Competence Form must be completed prior to the Midplacement Review with the trainee. This process allows the assessment of progress so far, and allows the provision of written feedback to the trainee at this timely point. This document also allows the supervisor to identify gaps in experience and / or difficulties in achieving the appropriate level of competence for the trainees' stage of training. This review, along with details of the Placement Agreement, will inform discussion during the Placement Visit from a member of the programme team. The Evaluation of Clinical Competence Form must also be completed for submission to the Programme Team at the end of each course.

Annual Individual Learning Plan Review

At the Individual Learning Plan Review meeting with a member of the Programme Team, all Course assessments and documentation, including everything from placement, will be reviewed. This will feed into Individual Learning Plans, which are adapted over time to reflect the development of clinical competence and the training needs of the individual trainee. Any potential gaps in experience can be addressed through appropriate action in placement planning, following the Individual Learning Plan.

APPENDIX 6.5 SUPERVISOR'S EVALUATION OF CLINICAL COMPETENCE (SAMPLE)

COURSE 2

Foundation Clinical Practice I

Trainee Name:

Course Start Date: **Course End Date:**

Main Supervisor(s): **Other Supervisor(s):**

Number of Times Trainee Observed by Supervisor:

OVERALL RECOMMENDATION

RECOMMENDATION:

○ PASS ○ FAIL

GLOBAL ASSESSMENT COMMENTS:

Final Submission to be signed off at End of Placement Review

Signed by Supervisor(s): .....

Signed by Trainee: .....

Date: .....

Office Use:

Reviewed by Clinical Tutor:

Date: .....

.....

Course 2: Foundation Clinical Practice 1

Please refer to the Placement Documentation Instructions for full guidance for supervisors on how to complete this form. Please circle the appropriate grade for each ILO according to the following definitions. Provide additional comments and feedback as desired.

CLINICAL SKILLS DEVELOPMENT	
THEORY	
2.1	Demonstrates basic knowledge of psychological theory and evidence underlying different psychological approaches and models of adult mental health disorders (e.g. cognitive behavioural, behavioural and psychodynamic frameworks).
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

ENGAGING CLIENTS	
2.2	Communicates effectively with clients and develops effective therapeutic alliances (including engaging clients and maintaining rapport).
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

ASSESSMENT	
2.3	Selects, uses and interprets appropriate formal and informal assessment techniques to gather information on presenting difficulties (e.g. clinical interview, standardised psychometric assessments, neuropsychological tests).
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

FORMULATION	
2.4	Applies appropriate case formulation skills (beginning to develop psychological formulations of presenting problems, integrating information from assessment in a coherent theoretical framework, and sharing these with clients).
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

INTERVENTION	
2.5	Based on the assessment and formulation, developing skills in recognising when intervention is appropriate, or when discharge or referral may be required.
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

2.6	Implements appropriate psychological therapies (including application of specific therapeutic techniques).
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

CULTURALLY COMPETENT PRACTICE	
2.7	Demonstrates awareness of the impact of cultural, social and religious diversity on clinical practice, and always practises in an anti-discriminatory and anti-oppressive manner.
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

WRITTEN WORK	
2.8	Displays competence in written communication of psychological formulations, and maintains appropriate written records and case-notes.
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

ETHICAL AND PROFESSIONAL PRACTICE & CONDUCT	
1.1	Demonstrates understanding of the broad role of the clinical psychologist within the health and social care services.
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

1.2	Recognise the importance and role of supervision.
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

1.3	Demonstrates awareness of the need to adapt clinical psychology practice to a range of clients and organisational contexts, on the basis of an understanding of pertinent developmental, organisational and cultural issues.
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

1.4	Values and respects individuals and diversity (e.g. recognise the impact of difference, diversity and social inequality on people's lives and the implications for working practices).
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

1.5	Demonstrates awareness of, and ability to appropriately work within, BPS Code of Conduct, Ethical Principles and Guidelines, and DCP Professional Practice Guidelines (i.e. legal and ethical responsibilities of clinical psychology practice, including patient consent, confidentiality and data protection).
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

1.6	Demonstrates self-awareness, the ability to work as a reflective practitioner, and awareness of the need for continuing professional and personal development.
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

1.7	Demonstrates level of autonomy and initiative in professional activities appropriate to stage in training.
RATING: ○ 1 ○ 2 ○ R/R ○ N/O	

Other comments on learning and competency development

What have been the trainee's strengths during placement?

Further training and development: Are there any important areas of learning or experience that have not been available during this placement? What are your recommendations for future learning?

Other Comments

APPENDIX 6.6 LOG BOOK OF CLINICAL ACTIVITY (SAMPLE)

RECORD OF CLINICAL ACTIVITY

Trainee Name:

Course:

Specialty:

Course Start date:

Course End date:

Main Supervisor(s):

Back-up / Additional Supervisor(s

<u>This is an accurate record of clinical activity carried out on placement</u>

Signed by Trainee: ……

Signed by Supervisor: ……

Date: ……

Trainees should initial each page of the document and complete the "page_ of _" section with a pen, in order to show that they have proof read the printed document. Signed original documents should be submitted. Only submit those pages/boxes that are relevant to the completed Course. Take care to remove all identifiers.

<u>Office Use:</u>

Reviewed by Clinical Tutor …….

Date ……

Summary of the Range of Experience on Placement (This summary will be used during the Individual Learning Plan Review)	
Number of cases **Sex and Age Range**	
Types of Presenting Problems, Diagnoses, Conditions, Services worked in.	
Format of sessions: Direct and Indirect Clinical Work (e.g. one-to-one, group work, couples, families, intervention through carers)	
Assessment approaches (observation, psychometric, other)	
Therapeutic approaches (variety of models)	
Settings (Describe Community-based work and Acute/Inpatient Work)	
Contribution to team management and functioning	
Consultation	
Teaching/training Others	
Organisational Professional Work (e.g. Service development)	

RECORD OF MUTUAL OBSERVATIONS			
Supervisor observes trainee (included taped/videoed/screened sessions)			
CASE	**Age/ Gender**	**Presenting problem/diagnosis and Learning Points**	**n of sessions observed**

Trainee observes supervisor (include taped/videoed/screened sessions)			
CASE	**Age/ Gender**	**Presenting problem/diagnosis and Learning Points**	**n of sessions observed**

Trainee and Supervisor work together			
CASE	**Age/ Gender**	**Presenting problem/diagnosis and Learning Points**	**n of sessions worked together**

OTHER OBSERVATIONS				
Trainee observes other professionals				
CASE	**Age/ Gender**	**Professional Observed**	**Presenting problem/diagnosis and Learning Points**	**n of sessions observed**

Joint working with other Multi-disciplinary Team Members				
CASE	**Age/ Gender**	**Professional Observed**	**Presenting problem/diagnosis and Learning Points**	**n of sessions worked together**

RECORD OF INDIVIUDAL, COUPLE AND FAMILY CASES	
Case: (Do not use real initials) **Age:** **Gender:** **Total n of sessions involved with case:** Client Attended: Client Cancelled/DNA: Indirect/Consultation:	**Referral** (Reason for referral, presenting problem, relevant diagnoses): **Assessment (**methods)**:**
Formulation (approach, models, methods, sharing formulations, reformulating):	
Intervention (approach, treatment plans, methods, models)**:** **Assessment only (tick box)**	
Format and setting of sessions (One-to-one, Couple or Family Work, Work with Carers, telephone liaison, videoing, day centre observations, home visits, out-patient / in-patient):	
Multidisciplinary Team Working (Indicate your role clearly):	
Consultation/Liaison with other professionals and services outwith the MDT/ Indirect Working (e.g. through Carers, Other Professionals, Family Members)**;** (Indicate your role clearly):	
Outcome (evaluation of outcomes, outcome measures, discharge, referral):	
What did I learn from this case?	

Do not go over one page per case.

RECORD OF GROUP INTERVENTION

(If applicable and completed on this Course)

Trainee's role:

Others involved in case:

Group intervention objectives:

Methods and outcome:

Case	Age	Gender	N of sessions in group (Attended/ Cancelled/ DNA)	Case	Age	Gender	N of sessions in group (Attended/ Cancelled/ DNA)

What did I learn from working with this group?

PROFESSIONAL ACTIVITY/EXPERIENCE

Teaching and training others / Consultation

Activity/Experience	Learning Points

Organisational Involvement (e.g. Service Development, Service Organisation)

Activity/Experience	Learning Points

Contribution to Team Management and Functioning	
Activity/Experience	**Learning Points**

Record of <u>RESEARCH ACTIVITY</u> on placement e.g. audit, data management, psychometric outcomes, literature reviews, attending conferences	
Activity/Experience	**Learning Points**

Course 5: SERVICE BASED EVALUATION (If applicable and completed on this Course)	
Title of Project	
Abstract	

Course 11: SERVICE BASED EVALUATION II (If applicable and completed on this Course)	
Title of Project	
Abstract	

Course 12 & 13: REFLECTIVE ACCOUNT (If applicable and completed on this Course)	
Title of Reflective Account	
Abstract	

APPENDIX 6.7 TRAINEE'S REFLECTIVE NOTES (SAMPLE)

COURSE 2

Foundation Clinical Practice I

Trainee Name:

Placement:

Base:

Course Start date:

Course End date:

Main Supervisor:

Other Supervisor(s):

Number of Times Trainee Observed by Supervisor(s):

Signed by Trainee: .....

Signed by Supervisor(s): .....

Date: .....

Office Use:

Reviewed by Clinical Tutor: .....

Date: .....

Course 2: Foundation Clinical Practice 1

CLINICAL SKILLS DEVELOPMENT

THEORY

2.1 Demonstrate basic knowledge of psychological theory and evidence underlying different psychological approaches and models of adult mental health disorders (e.g. cognitive behavioural, behavioural and psychodynamic frameworks).

ENGAGING CLIENTS

2.2 Demonstrate ability to communicate effectively with clients and develop effective therapeutic alliances (including engaging clients and maintaining rapport).

ASSESSMENT

2.3 Demonstrate ability to select, use and interpret appropriate formal and informal assessment techniques to gather information on presenting difficulties (e.g. clinical interview, standardised psychometric assessments, neuropsychological tests).

FORMULATION

2.4 Apply appropriate case formulation skills (begin to develop psychological formulations of presenting problems, integrating information from assessment in a coherent theoretical framework, and sharing these with clients).

TREATMENT

2.5 Based on the assessment and formulation, develop skills in recognising when intervention is appropriate, or when discharge or referral may be required.

2.6 Implement appropriate psychological therapies (including application of specific therapeutic techniques).

OTHER PROFESSIONAL DEVELOPMENT

CULTURALLY COMPETENT PRACTICE

2.7 Demonstrate awareness of the impact of cultural, social and religious diversity on clinical practice, and always practise in an anti-discriminatory and anti-oppressive manner.

WRITTEN WORK

2.8 Display competence in written communication of psychological formulations, and maintain appropriate written records and case-notes

OTHER COMMENTS ON LEARNING AND COMPETENCY DEVELOPMENT

What have been your strengths during placement?

Further training and development: Are there any important areas of learning or experience that have not been available during this placement?

Other Comments

APPENDIX 6.8 TRAINEE PLACEMENT FEEDBACK FORM (SAMPLE)

UNIVERSITY OF GLASGOW

DOCTORATE IN CLINICAL PSYCHOLOGY

TRAINEE'S PLACEMENT & SUPERVISION FEEDBACK FORM

Name of Trainee: **Intake Year:**

Name of Supervisor(s):

Placement:

Base:

Signed by Trainee …… Date ……..

Signed by Supervisor …… Date ……..

For Office Use:

Signed by Clinical Tutor ……
Date……..

This form should be completed by the trainee and signed by both trainee and supervisor before being submitted to the Programme with all documentation. Copies are held in confidence by the trainee, supervisor and the Programme. Please describe the placement briefly under each of the headings below, making any evaluative comments you feel would be helpful.

---

1. Early part of placement (placement agreement, induction, other early placement experiences)

Were you given adequate briefing in terms of Health, Safety and Welfare?

○ YES ○ NO

If, No, please elaborate

2. Case Load Did the caseload meet your requirements in terms of training needs on placement? (E.g. range of cases, number of cases, assessment and

intervention cases, time spent in direct patient contact, group and family work, work with clients and carers)

○ YES ○ NO

If, No, please elaborate

3. Supervision (frequency, methodology, opportunities for supervisor to observe trainee and vice versa)

4. Other Placement Experiences

5. Physical Environment and facilities (desk, room, secretarial support)

6. Secretarial Support

7. Social Environment / Orientation / Ethos

8. Did this placement conform with the training plan outlined in your placement agreement?

○ YES

○ YES - Although there were some minor problem ares of gaps (specify)

○ NO - There were one of more substantial problem areas (specify)

9. Overall View of Placement, General Comments

Signed by Trainee …… Date …….

Signed by Supervisor ……

For Office Use:

Seen by…… Date……..

APPENDIX 6.9 INDIVIDUAL LEARNING PLAN REVIEW FORM (SAMPLE)

Trainee Name: _____ **Intake Year**:

First Year ILP Review of Evidence

	C1	C2	C3	C4	C5	C6	HWB6	HWB7	IK2	G2	Reviewed by Tutor	For Follow-up in ILP Review:	Outstanding after ILP Review:
Course 1: Short Notes Exam	x												
Course 2: Unseen Case Conceptualisation							x						
Course 2: End of placement Documentation:													
Logbook			x			x	x	x					
Supervisors Evaluation Clinical Competency	x				x	x							
Reflective Notes		x				x							
Course 4: Exam Process (marks not yet out in July)							x						
Course 5: Service Based Evaluation Outline				x					x	x			
Course 5: Data Management Exam	x												

First Year ILP Review Meeting Date of meeting:

1. Reflection on CPD:

2. CLINICAL/PROFESSIONAL PRACTICE

Has Older Adult Experience been met? Yes ( ) No ( ) – Requirements and plans to meet them:

3. ACADEMIC PROGRESS

4. RESEARCH PROGRESS

Trainee Feedback (including preferences for training/placement plans)

Outstanding items for review in Year II/Essential Action Points:

1st Year ILP Review completed & signed by:

Programme Team Member:

Attending NHS Line Manager/Local Tutor:

Trainee:

APPENDIX 6.10 INDUCTION CHECKLIST

PRACTICE PLACEMENT INDUCTION CHECKLIST

NHS Board:

Placement Base:

Specialty:

Practice Placement Dates:

Trainee Name:

Main Supervisor(s):

We confirm that the following topics were formally discussed in relation to practice placement, with consideration of the above placement base, specialty and relevant individual requirements of supervisor and trainee.

Signed by Supervisor(s):
date:

.....

Signed by Trainee: ..... **date:**

	Supervisor (initial and date on completion)	**Trainee** (initial and date on completion)
The Practice Placement setting must provide a safe and supportive environment (SET 5.3) NHS Health and Safety Policies and local procedures discussed and accessible to trainee (including Lone Working, Incident Reporting, Fire Policies and Procedures).		

The Practice Placement must be conducted in line with relevant Equality and Diversity policies (SET 5.5) Relevant policies discussed and accessible to trainee (including Equality Act, 2010) and trainee knows what they should do under employment procedures if they feel discriminated against.		
Resources: Trainee has access to (at least) shared office space, a telephone and desk.		
Placement Agreement has been jointly written, agreed and signed.		

APPENDIX 7.1 CODE OF PROFESSIONAL CONDUCT FOR DCLINPSY TRAINEES

University of Glasgow College of Medical, Veterinary, and Life Sciences
Code of Professional Conduct for DClinPsy Trainees

Trainees are required at all times to be of good behaviour and to observe all regulations which may be made from time to time by the University. A trainee who is a matriculated student for the programme of study leading to the degree of Doctorate in Clinical Psychology (DClinPsy) is required to act in a professional role in relation to patients, their families and carers, and professional colleagues. Therefore, as a condition of matriculation all trainees must undertake to comply with the principles of this Code of Professional Conduct.

Purpose of the Code

Compliance with the code aims to:

- protect present and future patients, children, clients, or service users
- promote trainees adherence to the standards of conduct, performance, and ethics stipulated by the Health Professions Council (HPC) and the British Psychological Society (BPS)
- protect the health and well being of the Trainee
- protect the University of Glasgow against legal action brought by someone claiming to have suffered loss as a result of the Trainee proving to be unfit to practise, both during training or after qualification.

Core Values

The core values that underpin activities in education, research and overall professional conduct are:

- the habit of truth
- respect for others
- caring
- partnership
- creativity
- social justice
- integrity
- responsibility

A trainee matriculated on the programme of study leading to the degree of DClinPsy is expected to adhere to these values, to be honest and trustworthy and to follow at all times this Code of Professional Conduct. In the unlikely and unfortunate event that the Code is not followed, Fitness to Practise procedures will be invoked.

Professional Conduct

The expectations of DClinPsy Trainees with respect to professional conduct are primarily derived from the HPC *Standards of Conduct, Performance, and Ethics* (2008)[3] and the British Psychological Society (BPS) *Code of Ethics and Conduct* (2009)[4]. In addition, Trainees are obliged to adhere to the policies and procedures governing professional conduct that are stipulated by their employing NHS Health Board.

Code of Practice

As a Trainee Clinical Psychologist enrolled in the Doctorate of Clinical Psychology at University of Glasgow, I shall:

- be honest and trustworthy
- make the safety and care of patients my first concern
- treat every patient politely and with consideration
- respect each patient's right to privacy and dignity
- listen to patients and respect their views
- always seek any necessary permission and consent for my activities
- always make it clear to patients that I am a Trainee Clinical Psychologist
- develop, practise and maintain my skills and knowledge to the best of my ability, and ensure they are up-to-date

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[1] Available at: http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf
[2] Available at http://www.bps.org.uk/sites/default/files/documents/code_of_ethics_and_conduct.pdf

- recognise and act within the limits of my competence
- respect and protect confidential information
- ensure that my personal beliefs do not prejudice my dealings with patients
- treat colleagues with courtesy and respect
- report to the Programme any action by Trainees or staff which might put patients/clients/Trainees/service users at risk
- respect a patient/carer/relative's trust in me
- conduct and present myself in a manner which the public might reasonably expect of a professional person (this includes standards of dress, record keeping, time keeping, notification of absences from teaching and/or clinical work)
- take responsibility for my learning by attending and actively participating in all learning opportunities
- comply with the requirements of the Programme as set out in the University Calendar and Course Information Documents

Procedure for Consideration of Fitness to Practice

Low-grade infringements of this Code of Professional Conduct will be dealt with internally by the Programme team under the guidance of the Programme Director or their delegate. This set of procedures is described in the Programme Handbook. Persistent low-grade infringements and/or serious violations of the Code will be referred to the College for consideration. The formal procedure for determining whether a student is fit to practise is contained in the University Calendar, Fees and General Information (Sections 33 and 34[5]).

A Trainee shall be referred to the College Fitness to Practise Committee in the following circumstances:

(a) Where a minor breach is repeated and is considered to constitute a pattern of behaviour which is not compliant with the Code of Professional Conduct for DClinPsy Trainees
(b) Where a review of the progress made by the student following action under the informal procedure indicates a serious breach of the Code of Professional Conduct for DClinPsy Trainees
(c) Where a reported breach of the Code is deemed by the Dean of the Faculty to be of sufficient seriousness to warrant immediate referral to the College Fitness to Practise Committee rather than resolution by the informal procedure
(d) Where a trainee has a persistent mental or physical impairment that is likely to jeopardise the wellbeing of patients and interfere with the trainees clinical functioning

Where failure to comply with the Code of Professional Conduct for DClinPsy Trainees is demonstrated, the Trainee may be excluded from the programme of study.

Declaration

I have read and understand this Code of Professional Conduct and Fitness to Practise. I agree, whilst a matriculated DClinPsy student of the University of Glasgow, to comply with its terms. I understand that if I am found to be in breach of its terms I may be referred for consideration under the University's Fitness to Practise procedures (found in the University Calendar, Fees and General Information, Sections 33 and 34).

Name: _____

Date: _____

[3] Available at http://www.gla.ac.uk/services/senateoffice/calendar/

APPENDIX 7.2 GUIDELINES FOR REFLECTIVE SCIENTIST PRACTITIONER

1. General Introduction

Third year trainees are required to submit two 3000 to 5000 word Reflective Accounts, one from Placement for Course 12 and one from Placement for Course 13. The Accounts are submitted as part of the Clinical and Research Portfolio. They are bound separately but abstracts are included in the final hardbound portfolio.

The purpose of the Reflective Account is to demonstrate evidence of reflection about personal and professional development over time and should focus on learning experiences, which have prompted personal and professional development. Learning experiences used as a foundation for reflection may involve; work with a clinical case or a number of clinical cases over time, a group intervention, indirect interventions or staff training, the development of an innovative intervention, specialist working in the wider political context, experiences of multidisciplinary team working or perhaps the dynamics of working within a specialist team, audit or research work completed on placement, issues in clinical governance, ethical, confidentiality or risk issues, involvement in service development; indirect experiences (e.g., shadowing supervisor) of management in the context of service delivery. This is not an exhaustive list of examples, and the trainee should select key professional self-development occasions as the focus for reflection to illustrate the beginnings of, or the catalyst for, the process of change.

Trainees are encouraged to view the Reflective Account as an opportunity to present themselves as reflective practitioners, and should be satisfied that the learning experience(s) and process of reflection presented is representative of their personal and professional development over time. The account should be set in the context of relevant literature, with reference to models of reflection, relevant policy and professional guidelines and the relevant evidence base for clinical or professional work undertaken.

BPS Professional Development Framework

The National Occupational Standards and BPS Continuing Professional Development guidelines provide structure to the process of reflection for Courses 12 & 13.

Reflective Account - Course 12

The reflective account for Course 12 should address a range of experiences as they relate to one of (or more than one of) the following competency domains. Produce a 3,000 to 5,000 word Reflective Account of experiences during placement. This will involve drawing upon and synthesising experiences throughout training.

Ethics − Develop, implement and maintain professional standards and ethical

practice.

Clinical Practice − Apply psychological and related methods, concept, models, theories and knowledge derived from reproducible research findings.

Communication − Communicate psychological knowledge, principles, methods, needs and policy requirements.

Reflective Account Course 13

The reflective account for Course 13 should address a range of experiences as they relate to one of (or more than one of) the following competency domains:

Research and Evaluation − Research and develop new and existing psychological methods, concepts, models, theories and instruments in psychology.

Training − Develop and train the application of psychological skills, knowledge, practices and procedures.

Management − Awareness of how the provision of psychological systems, services and resources are managed.

Confidentiality

In line with the NHS Code of Practice on protecting Patient Confidentiality, no individual person should be identifiable in your work. The work is a focus on your own personal professional development, not on other specific people. Of course, the work may involve reflection on interactions, and work with patients and professionals. However, this should not be a story of work with one client or professional in which an individual is identifiable. The work should focus on you and how you have changed and developed as a professional. Do not give disclosing information about personal details of your own history that could identify you in the anonymised work.

The content of the account must focus on professional growth following learning experiences on placement. If particularly personal issues are pertinent to the experience, the key may be to reflect in a private journal and edit appropriate content for final submission. The Reflective Account should not focus on inappropriate personal disclosure, but on what happened, what was felt, why this may be, how the you dealt with work issues professionally within the context of the learning experience, and how this experience will impact on future approaches to the work context.

All information which may breach patient confidentiality must be removed from the essay. No names or initials can be included. Take care when giving pseudonyms to others in the work. This style is often a sign that too much focus is being placed on another individual, such as in a case study format. No other information should be included which may enable individuals to be identified as one of a small number of people such as an identifying birthplace or ethnicity, specific workplace, patient group, home, hostel, club, activity centre, voluntary organisation, naming of occupation or job position occupied by few people.

Professionals' identity must also be protected in the work. The names and bases of workers and agencies should be removed. The clinical supervisor's name must not appear in the account. The name of the placement base should

not be stated in the document. Trainees must ensure that they consider and respect others' dignity in writing the Reflective Account. Make it clear where expressed ideas or feelings are your own, rather than objective fact. Avoid judgemental statements. For further guidance, please discuss the account with the Clinical Tutor. Trainees who do not adequately remove identifiers will be required to resubmit the work.

Supervision

Since all clinical cases and professional activities are conducted under supervision, supervisors will naturally be able to advise on the selection, assessment and management of clinical and professional work, and help the trainee reflect on the work. However, the written Accounts have the status of University examination scripts and under no circumstances should drafts be given to clinical supervisors for comment. This restriction applies equally to all drafts of the Account. Advice can be sought from Clinical Tutors. Clinical supervisors may read the Accounts after formal submission.

Trainees are advised to discuss and reflect on potentially appropriate experiences with their supervisors and Clinical Tutors as early as possible and throughout placement. General enquiries can be directed to Clinical Tutors. A clear process for feedback is provided, and appropriate teaching, workshops and Reflective Practice Groups will be regularly convened to aid the process of reflection.

Content and Format of Account

Each Account should be typewritten and the text be 3000 to 5000 words, and should not exceed 5000 words. Two copies of each draft Accounts should be submitted, bound using a flexible folder of the project type. The binding should not be of a type in which papers can become loose (envelopes, thin plastic wallets open on one or two sides, plastic covers with a sliding binding edge are all unacceptable). Examples of suitable binders can be viewed in the Clinical Practice Secretary's office. Draft Accounts should have a title page which includes the name of trainee, Course, word count, matriculation number, date (and no other information). Each subsequent page should contain a footnote with only the trainee matriculation number. Submissions will be reviewed for formative feedback anonymously.

The report layout must include the following:

Title Page

Clearly articulated, succinct and relevant title reflecting content of Reflective Account. Name of trainee, matriculation number, date of submission, Course, word count (total, including abstract). Trainee name should be included on title page only, and a footnote on each subsequent page should note matriculation number only.

Abstract

Up to 250 word structured summary. Further headings can be used as desired by trainees. The account must not be too restricted by external criteria for layout. Depending on the work selected and reflection completed, trainees may address the following:

Introduction

The introduction should provide an overview of how and why the learning experience(s) was selected for presentation in the account, and the professional relevance this has for the trainee. Relevant theoretical, clinical, professional and / or policy issues relating to the subject matter of the essay may be referred to and introduced in this section. An introduction and description of the model/models used to structure the reflection should also be provided. The introduction may also refer to the process of supervision, the professional development that may be a focus for the account, and/or the context of the learning environment.

Reflection

The body of the account should be structured in some way by a model or models. However, trainees should not be restricted by one model, or stick only to educational models. Trainees are free to apply whatever theory or model they find helps them with the process of reflection. Do not simply adhere rigidly to one model if this seems restrictive in expressing the nature of the reflection. Most of the educational models involve some description of events, together with impressions and observations, and other relevant background information. Trainees should then actively reflect on the decision-making processes contributing to clinical and professional actions, using guidance from their chosen model, and go on to consider impact on future practice. The account should convey all of the Criteria for Reflective Functioning.

The chosen reflective models used in structuring the account will guide this process. This section may also involve discussion of how supervision or other supports were used to aid reflective practice. In the context of the relevant models, trainees should discuss the personal impact, resulting professional outcome, and the implications of this professional topic area/role for the wider context of the profession of clinical psychology.

Reflective Review

A critical reflective review may discuss the experience or the account itself (i.e. a meta-reflection), in the context of any evidence base or later experiences/reflections, and consider alternative approaches, what you may have done differently, or what you may do differently in the future. You may also consider relevant theoretical, empirical, clinical, professional and/or policy documents which may aid reflection on the wider issues of professional development as a clinical psychologist. You may like to critique the models adopted.

Reflective Practice Support

In order to support the process of writing these Accounts and the development of reflective writing skills, regular meetings and support will be set up throughout the year. Aspects of reflective functioning, models and references, suitable selection of learning experiences, examples and writing guidelines may be discussed. Clinical Tutors will also be available to answer questions about Reflective Accounts at other times.

Formative Feedback on Draft Reflective Accounts

Draft Reflective Accounts for Course 12 and 13 can be read and reviewed by Clinical Tutors prior to final submission. No grade will be given, but formative feedback will be provided based on the Criteria of Reflective Functioning. Advice will be given on structure and content if the report is not likely to not meet the requirements of a "pass" grade. If the Reflective Accounts fail to meet the required standards, they will be re-written to conform to the necessary criteria (fully informed by feedback) and resubmitted for further review by the clinical tutor.

Criteria of Reflective Functioning

In considering the application of educational models of reflective practice, four main themes can be highlighted. Trainees are expected to be aware that the learning environment is complex, that their competencies will develop over time, and that reflection on reactions to learning experiences may lead to progress in professional development. Finally, trainees are expected to recognise their future training needs in the context of reflection on their achievements. These themes, outlined further below, indicate ways in which reflective functioning may be evidenced, and will guide the completion and review of Reflective Notes.

Multiple influences lead to competency development in a complex learning environment

Trainee makes explicit effort to communicate awareness of the complex learning environment and multiple influences on changes in their thinking, knowledge, skills and competencies.

Here we are attempting to encourage reflection on the complexity of the learning environment and the multiple sources of influence derived from clinical training. To highlight a few examples: clinical and research supervision, working with other professionals and agencies, conducting both small scale and large scale research, observing others in their professional roles, participating in the organisational structures and processes of NHS and Social Care, participating in teaching and training others, and self directed study. The trainee should try to reflect on the key aspects of the learning environment that have influenced change and development over time.

Development of professional competencies may be explicitly recognised through reflection on personal reactions

Trainee makes explicit effort to communicate the **impact** of learning experiences and to express how this has led to change in practice.

The trainee should communicate the dynamic impact of their experiences and, through reflection on these, the resulting implications for professional and clinical practice development. Trainees should evidence this through communicating an awareness of how reflection on personal responses and reactions may provide a source for professional learning and development. Trainees should communicate awareness of how learning experiences can feed into the process of development and change. Trainees must be mindful of privacy issues and the difference between reflection on professional development, through expressing emotions involved, and personal disclosure. Consideration must be given to the context for the appropriate level of reflection and language used (e.g. use of personal and private reflective diary vs. final formal submission).

Skills and competencies develop over time

Trainee makes explicit effort to communicate awareness of **developmental changes** in their thinking, knowledge, skills and competencies and on their professional, ethical and personal development and conduct (following awareness of the personal impact of learning experiences.

Trainees should communicate their awareness of how experiences, occurring within clinical, academic and research contexts, have an impact on their clinical practice and developing professional identity. Trainees should possess an awareness of the developmental nature of their skills over time, and should communicate this in their reflective writing. Trainees should be able to look back over their training, and reflect on how key learning experiences may have affected their development, and they should try to make this explicit in their reflective writing. Trainees may become aware how their theoretical orientation, value base, practice or professional and ethical awareness changes over time, and are impacted by the experiences accrued during training.

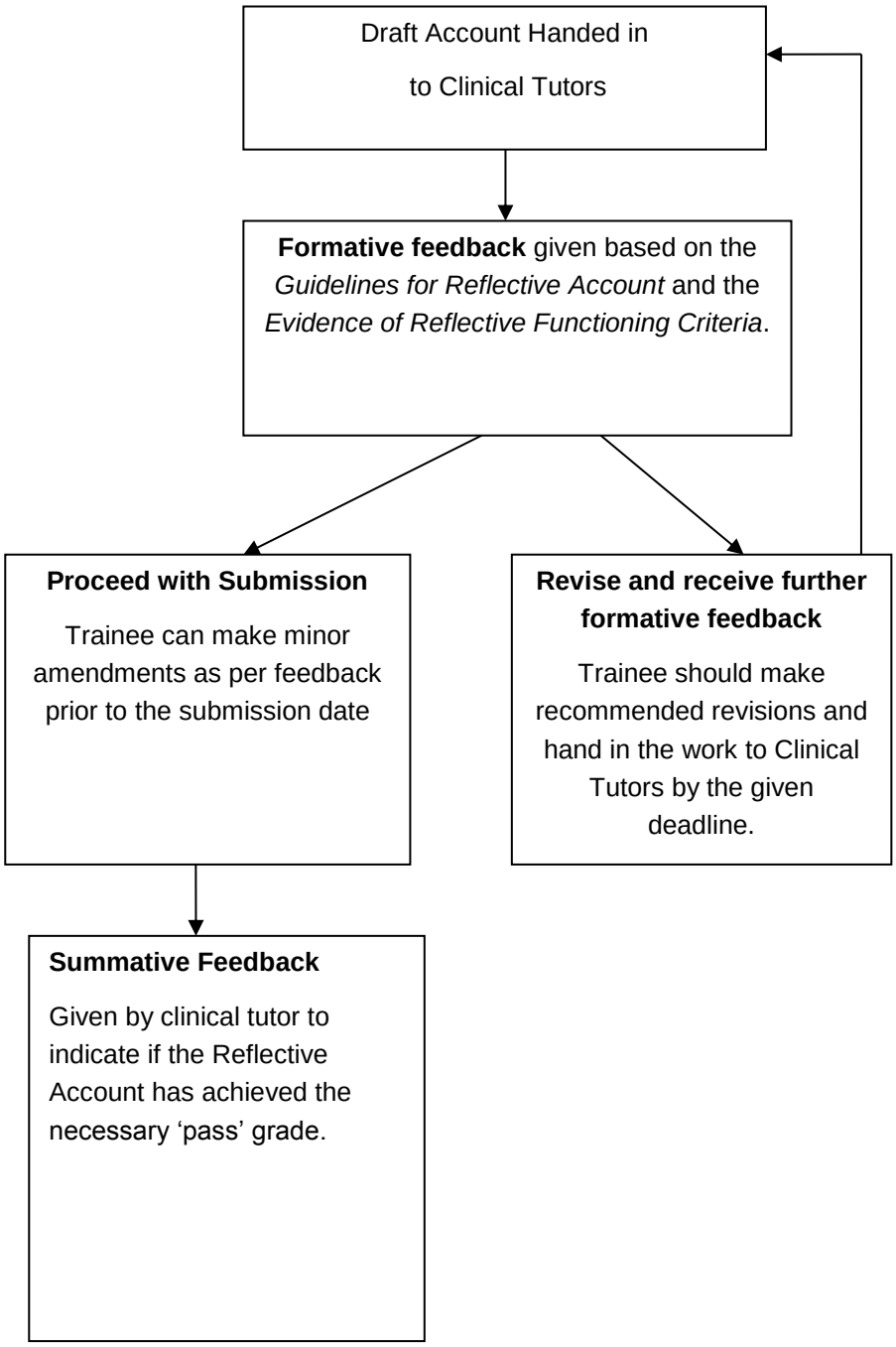
Taking responsibility for future learning

Trainee makes explicit effort to communicate formulation of experiences and learning in terms of **future training and professional development**.

Here, the trainee should begin to articulate the foundation skills for self regulating CPD and life long learning. Trainees should be aware of an active, autonomous and responsible approach to their own learning and professional development. Trainees should be able to constructively consider strengths or limitations in their experience, knowledge, skills and competencies and articulate personal learning goals and objectives. In addition, trainees may use knowledge of limitations in their experience and competencies to reflect on appropriate adjustment of professional and ethical practice.

The Clinical Tutor will make one of the following recommendations:

1. **This account is suitable for submission. Please make any minor amendments as recommended, and submit to your clinical tutor.**
2. **This account should be amended as recommended, and handed in for further review by the Clinical Tutors. Please meet with the named reviewer to discuss changes and hand in for further formative feedback by:** specified date**.**


Draft Account Handed in
to Clinical Tutors
Formative feedback given based on the Guidelines for Reflective Account and the Evidence of Reflective Functioning Criteria.
Proceed with Submission
Trainee can make minor amendments as per feedback prior to the submission date
Revise and receive further formative feedback
Trainee should make recommended revisions and hand in the work to Clinical Tutors by the given deadline.
Summative Feedback
Given by clinical tutor to indicate if the Reflective Account has achieved the necessary 'pass' grade.

APPENDIX 8.1 DATA HANDLING PROCEDURES FOR PSYCHOLOGISTS IN TRAINING

University of Glasgow – NHS Scotland Doctoral Programme in Clinical Psychology

These measures are in force until more formal processes are agreed at a strategic level between the Board and the University (the more formal processes will apply to all NHS employees who are registered concurrently as students with the University)

For the use of clinical data in research projects, the following control measures will be used:

- All data must be anonymised before it leaves the clinical environment

- There are two approved methods for the transfer of the data from the NHS environment to the university or student's own systems:
    - Through the use of approved encrypted flashdrives. (NHS GGC currently permit the use of SafeStick by Blockmaster.)
    - Through the use of NHSmail which can be accessed over the web outside the NHS environment. Students can either email data to themselves (NHSmail to NHSmail) or attach it to an email (NHSmail accounts can be activated by going to www.nhs.net and following the instructions), save a draft, and then access the draft email to download the data.

- The data may be stored and processed on:
    - a restricted access university network area;
    - laptops or home PCs with whole-disk encryption and from which the data is deleted on completion of the research. Preferably, the hard disk should be encrypted with a security application accredited to FIPS 140-2 standard. Where no such software is readily available an alternative may be used, applying the Advance Encryption Standard (AES) as a minimum. (The freely available TrueCrypt software claims to meet this standard: www.truecrypt.org)

Isobel Brown, IG Manager, NHS Greater Glasgow & Clyde

Frank Rankin, IG Manager, NHS Education for Scotland

December 2009

INTERIM DATA HANDLING PROCEDURES FOR PSYCHOLOGISTS IN TRAINING – ADDITIONAL INFORMATION AND GUIDANCE

UNIVERSITY OF GLASGOW-NHS EDUCATION FOR SCOTLAND DOCTORAL PROGRAMME IN CLINICAL PSYCHOLOGY

The following guidance has been developed in consultation with Mike Dench (IT Security Manager, NHS GG&C) and should be followed when handling research and audit data. This document is an addendum to, and should be read in conjunction with, the "Interim data handling procedures for Psychologists in Training" dated December 2009. This guidance applies to all NHS employees who are registered concurrently as students with the University.

For transfer of data the encrypted flashdrives currently approved by NHS GG&C for use include SafeStick and SafeXs both by Blockmaster.

For storage and processing of data a "restricted access university network" includes the accessing of the network through the University of Glasgow remote access system. When using a restricted access university network these additional guidelines must be followed:

- The password you use to access your university account must comply with NHS GG&C standards. Specifically the password should be at least 8 characters long, contain a combination of upper and lower case letters and include either a number or a symbol.

- When using the remote access service all processing of data should remain within the remote access environment and you should not download or save the data file to the client computer that you are using to access your account (unless the client computer complies with the encryption standards set by NHS GG&C).

For storage and processing of data on a laptop or home PC:

- The password you use to access the computer must comply with the above NHS GG&C standard for passwords.

For storage and processing of data on an Apple laptop or computer:

- An encrypted folder must be created to store the data and the password set for this folder must comply with the above NHS GG&C standard for passwords.

Sue Turnbull, University Teacher, Mental Health & Wellbeing, University of Glasgow

May 2013

APPENDIX 8.2 RESEARCH SUPERVISION AGREEMENT

The purpose of this agreement is two-fold. Firstly, to provide structure for the trainee-research supervisor relationship; and secondly, to establish mutual responsibilities associated both with the process and productivity of the research work. By signing this you agree to follow the guidelines in the research chapter in the DClinPsy handbook. You should comply with Research Governance procedures which will include maintaining an up to date research log (appendix 8.4 of handbook) and a Site File.

Trainee	
University Supervisor	
Other Supervisor	
Research Advisor	

Title of Research Project:

TOPIC AREAS TO CONSIDER FOR SYSTEMATIC REVIEW:

Roles and Responsibilities

You should agree the frequency of meetings at different stages of the research and define the roles of all collaborators. Guidance as to the roles and responsibilities of academic supervisors, field supervisors and trainees can be found in the handbook (8.3-4)

Frequency of meetings	
Specific roles of supervisors / collaborators	

Undertaking concerning publication

If the paper is considered suitable for publication by the trainee and university supervisor, it should be submitted to a relevant journal as agreed with supervisor(s). The date for submission should be agreed between the trainee and the university supervisor. The affiliation of the trainee should be stated as "Institute of Health and Wellbeing, University of Glasgow" at the university department address. It will be normal practice for the postgraduate to be the first author, but with the supervisor identified as the corresponding author. In the event of the paper not being submitted for publication by the agreed date then the supervisor may assume responsibility for submission. An electronic copy of all data files and resources should be provided to the University Supervisor

Administration

Signed copies of this agreement should be held by the postgraduate and supervisor(s) and a copy lodged with programme administrator.

Trainee ..... **Date** ……

University Supervisor ..... **Date** ……

Other Supervisor ..... **Date** ……

APPENDIX 8.3 RESEARCH PROGRESS REPORT

NAME:.....
PROJECT TITLE: .....
SUPERVISOR(S):.....
DATE OF RESEARCH PROGRESS COMMITTEE:.....

1. Has a Research Agreement been completed?
2. Which Ethics Committee(s) have approved your research?

   Date(s) Approved:

   Has a copy of ethical approval been passed to the Research Director?
3. Has the Research and Development form been completed?
4. Describe progress with the systematic review

5. How many research participants have been recruited?

   When do you expect to complete data collection?

   Comments:

6. Please describe how the data are to be analysed

7. Are there any issues or difficulties you wish to discuss?

Any other comments:

Signature ...…… Date ……..

APPENDIX 8.4 RESEARCH LOG BOOK

Trainee Name

Part A: Calendar of important dates and deadlines

Part B: Log of research supervision

Part C: Log of other key research meetings (e.g. statistician, local clinician)

Part D: Relevant correspondence

Part E: Letters of submission and acceptance/permission (e.g. ethics)

To be kept up-to-date and brought to viva examination to be shown to the examiner on request.

Office Use:

Received by .....

Date .....

PART A: Calendar of Important Dates and Deadlines Pertaining to Research

YEAR 2	Date Due	Task/Deadline	Date Completed
MAY			
JUNE			
JULY			
AUGUST			

(Further copies of this page can be made as required)

YEAR 3	Date Due	Task/Deadline	Date Completed
SEPT			
OCT			
NOV			
DECEMBER			
JANUARY			
FEBRUARY			

MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			

(Further copies of this page can be made as required)

PART B

Trainee Initials..... Page ..... of.....

RESEARCH SUPERVISION LOG
Date of Meeting:
Agenda:
Learning Points:
Actions:
Date of Meeting:
Agenda:
Learning Points:
Actions:

(Further copies of this page can be made as required)

PART C

Trainee Initials ..... Page.....of .....

KEY RESEARCH MEETINGS LOG
Date of Meeting:
Agenda:
Learning Points:
Actions:
Date of Meeting:
Agenda:
Learning Points:
Actions:

(Further copies of this page can be made as required)

APPENDIX 8.5 HEALTH & SAFETY FORM

1. Title of Project	
2. Trainee	
3. University Supervisor	
4. Other Supervisor(s)	
5. Local Lead Clinician	
6. Participants: (age, group or sub-group, pre- or post-treatment, etc)	
7. Procedures to be applied (eg, questionnaire, interview, etc)	
8. Setting (where will procedures be carried out?) i) General	
ii) Are home visits involved	Y/N
8. Potential Risk Factors Identified see chart	
10.Actions to minimise risk (refer to 9)	

Trainee signature: Date:

University supervisor signature: Date:

HEALTH AND SAFETY FOR RESEARCHERS

Points to consider when assessing risk. If any answer is "no" then make a case for the design being safe or reconsider the design of the study.

Participants	
Yes	**No**
This participant sample is not normally associated with dangerous or unpredictable behaviour	This participant sample is associated with impulsive, irrational or unpredictable behaviour, and/or has poor emotional control
Procedures	
Yes	**No**
The procedures in the study are same/similar to those used by clinical psychologists with these participants and are not normally associated with production of significant distress.	These are novel procedures, are not used with this group and by their nature might produce anger, irritability or distress.
Settings	
Yes	**No**
These are clinical or University research settings, or other institutional settings, that participants routinely attend (eg, a school). They have procedures in place to minimise risk to staff and these are thought to be adequate in the context of the proposed study.	A private or other setting where there are not health and safety procedures that are relevant to research or clinical work proceeding without risk

APPENDIX 8.6 RESEARCH COSTS AND EQUIPMET

Trainee ……

Year of Course ……. **Intake Year**……..

Please refer to latest stationary costs list (available from student support team)

Item	Details and Amount Required	Cost or Specify if to Request to Borrow from Department
Stationary		Subtotal:
Postage		Subtotal:
Photocopying and Laser Printing (**includes cost of white paper**)		Subtotal:
Equipment and Software		Subtotal:
Measures		Subtotal:
Miscellaneous		Subtotal:
Total		

For any request over £200, please provide further justification for all items that contribute to a high total cost estimate. Please also provide justification if costing for an honorarium:

Trainee Signature…… … Date……

Supervisor's Signature …….. Date ……

APPENDIX 8.7 PLAIN ENGLISH SUMMARIES

Guidelines for Plain English Summaries

1. There is a **maximum** word count of 500 words. *Report the word count at the end of the summary [proposal only]*
2. *Plain English Summaries should be written in Font Size 14 with 1.5 spacing. [proposal and for dissemination]*
3. The aim of plain English summaries is provide clear, concise and unambiguous descriptions of your study in a way that is accessible to others without specialist knowledge.
4. In adopting plain language to describe your study be careful not to '*dumb down*' the language so that it is vague or worse, seems patronising to the reader.
5. Make sure that all aspects of the study are transparent including the purpose of the work, your methods of identifying and approaching participants, methods of informed consent, any ethical issues and what is required of the participant.
6. Plain English Summaries should be structured and use the following headings:
    a. Title
        i. This should state clearly what the purpose of the study is. Where there are non plain English terms used in title these need to be explained in Background.
    b. Background – This needs to be relatively brief and crisp.
        i. Does the background explain the title?
        ii. Define terms clearly and concisely.
        iii. Clearly illustrate the rationale for the study and lead the reader directly into the study aims and questions.
    c. Aims and Questions –
        i. Aims (check that these are clearly described)
        ii. Research Questions to be addressed by the study (check that these are clear)
    d. Methods –
        i. Participants – who are the participants and the groups? Who will be included and excluded?
        ii. Recruitment – how will participants be identified and approached, where will they be recruited from?
        iii. *Consent – briefly, how will informed consent be secured [proposal only]*

iv. Design of study – how will the study answer the research questions?
v. Data collection – What is required of the participants how will data be collected e.g. qualitative interviews, self report questionnaires, semi-structured interviews etc. Do not give exhaustive or detailed listings of measures-you are communicating in general terms what is involved.

e. Key ethical issues including confidentiality [proposal only]

f. Main Findings and Conclusions [MRP paper only]
   i. What are the main results? Make sure that these clearly relate to the aims and hypotheses.
   ii. What are the key conclusions and recommendations arising from your research?

g. Practical Applications and Dissemination [proposal only]
   i. *How will the data be useful and who will use the data arising from the study?*
   ii. *Who will be informed of the outcomes (e.g. planned publications and presentations)?*

h. References
   i. You can include a maximum of three key references at the end of the summary

APPENDIX 8.8 FORM OF PRESENTATION OF THESES

PLEASE CONSULT BRITISH STANDARD 4821:1990 FOR COMPLETE INFORMATION

These requirements are based on "Recommendations for the presentation of theses (BS 4821:1990)" published by the British Standards Institution. Copies of the full text are available in the University Library from the Short Loan Collection at Gen Lit qC110 BRI.

Theses should be produced in a permanent and legible form - normal character size not less than 2mm.

Good quality paper (range 70g/m2>100g/m2) of A4 size should be used. Margins should be not less than 15mm, and 40mm at binding edge. Single, one-and-a-half, or double spacing are all acceptable, but format should be single side.

Pages should be numbered in a single sequence through the thesis, in single and multi-volume works.

The title page should give the full title of the thesis, the full name of the author, the degree for which the thesis is submitted, the organisation to which it is submitted, the university faculty or department in which the research was conducted, the month and year of submission. The volume number should also be given if the thesis is in more than one volume. A copyright statement in form (c) [name] [date] should be given at the foot of the title page.

The abstract should be placed at the beginning of the thesis, following the title page, on a separate page.

A table of contents should be provided, plus separate lists of tables and illustrations, and accompanying material if any. End matter may include appendices, glossary, list of references, bibliography, indices.

Citations in the text should be linked to the list of references following either the style of the Vancouver system with numbers referring to a full list arranged in the same order, or by the Harvard system, with references by the author's name and date in the text and the list in A-Z order.

Any abbreviations should be those in normal use; where necessary a key should be provided.

The thesis should be firmly sewn and securely attached to its boards to ensure sufficient rigidity to support the weight of the work when standing on a shelf. The boards should be of dark coloured cloth. The author's name and title of the thesis should appear on the front cover; and the author's name (including initials), the degree for which submitted and the year of submission should appear on the spine, lettered from top to bottom. The volume number (if any) should also be given on the spine.

Illustrations of all kinds should normally be bound in with the thesis. Any material which cannot conveniently be bound should be packaged so that it can be kept with the thesis, and should be labelled in a similar way.

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APPENDIX 9.1 MARKING FRAMEWORK FOR EXAMINATIONS

The examinations are marked using the University's Schedule A, described below. From the Examiner's point of view, the key decision is the categorical judgement of Grade, with Secondary Band being assigned subsequently based on the merits of the work within that Grade. Examiners are encouraged to use the full range of Grades.

Any assessment graded as D1 or below is second marked. The two scores are then combined to provide an average score. In the event that scores fall across two different grades, examiners are required to moderate an agreed grade.

For exams where more than one question is answered, aggregation scores will be used to calculate an average grade.

Primary Grade	Secondary Band*	Aggregation Score	Descriptive comments
A	A1 A2 A3 A4 A5	22 21 20 19 18	This piece of work shows an excellent grasp of the relevant theoretical, clinical and professional issues. There is clear evidence of incisive critical analysis of the material, and the question is directly addressed throughout. The references that are cited are always directly relevant, up to date, and an evaluative commentary is provided. There is evidence of the Trainee having explored a wide literature. Where appropriate, clinical, ethical and professional materials are used and fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is excellent. References are cited appropriately in the text.
B	B1 B2 B3	17 16 15	The answer has demonstrated a comprehensive and good grasp of the relevant theoretical, clinical and professional issues. The skills of critical analysis and synthesis of the relevant literature are demonstrated. The answer is well integrated and well structured. References are cited appropriately and overall presentation is good.
C	C1 C2 C3	14 13 12	This piece of work shows a good grasp of the relevant theoretical, clinical and professional issues. There is some evidence of critical analysis of the material, and the question is addressed fairly clearly throughout. The references that are cited are usually relevant. Where appropriate, clinical, ethical and professional maters (e.g.

			ethics) are commented on, although they are not fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is acceptable. References are cited appropriately in the text, with few errors.
D	D1 D2 D3	11 10 9	Most of the criteria for a clear pass are met, but there are some areas where those criteria are not met. Those deficiencies are not sufficient to mean that the Trainee should fail the work. However, this mark should serve the function of alerting the Trainee to the need to improve subsequent work, to a Doctoral level standard.
E	E1 E2 E3	8 7 6	Some of the criteria for a clear pass are met, but there are many areas where those criteria are not met. Those deficiencies are sufficient to mean that the Trainee should fail the work, but indicate that the work has some merit. This mark should serve the function of alerting the Trainee to the need to significantly improve subsequent work, to a Doctoral level standard.
F	F1 F2 F3	5 4 3	Few criteria for a clear pass are met. Those deficiencies are sufficient to mean that the Trainee should fail the work, and indicate that the work is broadly deficient. This mark should serve the function of alerting the Trainee to the need to improve subsequent work, to a Doctoral level standard.
G	G1 G2	2 1	None of the criteria for a clear pass are met.
H		0	No evidence of attainment of intended learning outcomes.
CR	CREDIT REFUSED		Failure to comply, in the absence of good cause, with the published requirements of the course or programme; and/or a serious breach of regulations.

Aims

The Examinations are designed to examine the candidate's knowledge of assessment, clinical phenomenology and the theoretical and research base that underpin the practice of clinical psychology.

Assessment criteria

Candidates must demonstrate a sound grasp of the conceptual frameworks, clinical phenomenology, theory and research and especially the ability to integrate these as appropriate. Professional and ethical issues should be taken into account. Candidates should be able to evaluate the relevant literature critically and incisively, and to present the work in a coherent and articulate manner.

Depending on the question, examiners award marks to answers on the basis of a number of factors, including:

- Clear attempt to understand and answer the question as set
- Pertinent factual material
- Clear focus on the question
- Acceptable definition and understanding of core concepts and theory
- Clarity of expression
- Structure and organisation of material
- Logical argument
- Well-founded critical analysis and synthesis of the appropriate literature
- Proper consideration of clinical, ethical and professional issue

APPENDIX 9.2 MARKING FRAMEWORK FOR UNSEEN CASE CONCEPTUALISATION

Examinations are marked using the University's Schedule A, described below. From the examiner's point of view, the key decision is the categorical judgement of Grade, with the Secondary Band being assigned subsequently based on the merits of the work within that Grade. Examiners are encouraged to use the full range of Grades.

Primary Grade	Secondary Band*	Aggregation Score	Descriptive comments
A	**A1** **A2** **A3** **A4** **A5**	**22** **21** **20** **19** **18**	This piece of work shows an excellent grasp of the relevant theoretical, clinical and professional issues as suggested by the relevant case scenario. There is clear evidence of incisive critical analysis of the material, and the case scenario is directly addressed throughout. The references that are cited are always directly relevant, up to date, and an evaluative commentary is provided. There is evidence of the Trainee having explored a wide literature and integrated this into clinical material. Clinical material is also used to inform areas of ambiguity or disagreement within the literature. Contrasting or differing hypotheses (mechanisms) are considered within the answer and the Trainee considers alternative means to test these through the process of assessment and treatment. Where appropriate, clinical, ethical and professional materials are used and fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is excellent.
B	**B1** **B2** **B3**	**17** **16** **15**	The answer has demonstrated a comprehensive and good grasp of the relevant theoretical, clinical and professional issues suggested by the case conceptualisation. The skills of critical analysis and synthesis of the relevant empirical and theoretical literature are

			demonstrated. Contrasting or differing hypotheses (mechanisms) are considered in the answer. The answer is well integrated and well structured.
C	**C1** **C2** **C3**	**14** **13** **12**	The Trainee's approach to case conceptualisation shows a good grasp of the relevant theoretical, clinical and professional issues suggested by the relevant case scenario. There is some evidence of critical analysis of the material, and the approach to case conceptualisation is addressed fairly clearly throughout. Relevant theoretical models re utilised and where appropriate, clinical, ethical and professional maters (eg ethics) are commented on, although they are not fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is acceptable.
D	**D1** **D2** **D3**	**11** **10** **9**	Most of the criteria for a clear pass are met, but there are some areas where those criteria are not met. Those deficiencies are not sufficient to mean that the Trainee should fail the work. However, this mark should serve the function of alerting the Trainee to the need to improve subsequent work, to a Doctoral level standard.
E	**E1** **E2** **E3**	**8** **7** **6**	Some of the criteria for a clear pass are met, but there are many areas where those criteria are not met. Those deficiencies are sufficient to mean that the Trainee should fail the work, but indicate that the work has some merit. This mark should serve the function of alerting the Trainee to the need to significantly improve subsequent work, to a Doctoral level standard.
F	**F1** **F2** **F3**	**5** **4** **3**	Few of the criteria for a clear pass are met. Those deficiencies are sufficient to mean that the Trainee should fail the work, and indicate that the work is broadly deficient. This mark should serve the function of alerting the Trainee to the need to improve subsequent work, to a Doctoral level standard.
G	**G1**	**2**	None of the criteria for a pass are met.

	G2	**1**	
H	**H**	**0**	No evidence of attainment of intended learning outcomes.
CR	**CREDIT REFUSED**		Failure to comply, in the absence of good cause, with the published requirements of the course or programme; and/or a serious breach of regulations.

APPENDIX 9.3 MARKING FRAMEWORK FOR DATA ANALYSIS EXAMINATION

Examinations are marked using the University's Schedule A, described below.

Three questions are answered with each question scored out of 50 and a percentage calculated to assign the grade.

Primary Grade	Secondary Band*	Aggregation Score	Percentage
A	A1	22	96-100
	A2	21	91-95
	A3	20	86-90
	A4	19	81-85
	A5	18	76-80
B	B1	17	72-75
	B2	16	68-71
	B3	15	65-67
C	C1	14	61-64
	C2	13	58-60
	C3	12	55-57
D	D1	11	53-54
	D2	10	51-52
	D3	9	50
E	E1	8	48-49
	E2	7	46-47
	E3	6	45
F	F1	5	40-44
	F2	4	30-39
	F3	3	20-29
G	G1	2	10-19
	G2	1	1-9
H	H	0	0
CR	CREDIT REFUSED		

Assessment criteria

Examiners award marks on the basis of the following criteria:

- A clear and unambiguous null hypothesis is presented
- The nature of each variable is clearly described and assigned as dependent, independent (or predictor/response) as appropriate.
- The rationale for the statistical analysis used is clearly presented. Test assumptions are described and explored and supported by graphs and/or statistics as appropriate.
- The results are presented clearly in writing. The appropriate descriptive data, test statistics, significance value and effect size should be presented. An explanation of the results in relation to the hypothesis should accompany the presentation of the data.
- A graph or table appropriate to the statistical test used should be provided. This should be clearly and unambiguously labelled.
- Relevant criticisms as to the design of the study and suggestions to improve this design are made. Criticisms and suggestions can include any element of the design, for example, the data collection methods; participant recruitment; factors that may confound the study; suggestions as alternative data to answer hypotheses; limitations to the conclusions that can be made with data available.

Each criterion is marked on its own merit to allow for credit to be given for the appropriate application of data analysis and presentation in the context of how previous sections have been answered. For example, if a candidate presented an incorrect rationale to complete a parametric test (when the correct choice would be non-parametric) marks would be lost for the rationale for the choice of test but if the parametric analysis was then carried out and the written results presented correctly credit would be given for that on its own merit. Similarly, the illustration of the results using a graph or table will be given credit only if it is appropriate to the analysis that the candidate has completed in the previous section.

APPENDIX 9.4 MARKING FRAMEWORK FOR SERVICE BASED EVALUATION PROJECT

Examinations are marked using the University's Schedule A, described below. From the examiner's point of view, the key decision is the categorical judgement of Grade, with the Secondary Band being assigned subsequently based on the merits of the work within that Grade. Examiners are encouraged to use the full range of Grades.

Primary Grade	Secondary Band*	Aggregation Score	Descriptive comments
A	**A1** **A2** **A3** **A4** **A5**	**22** **21** **20** **19** **18**	This piece of work shows an excellent grasp of the relevant issues. There is clear evidence of incisive critical analysis of the material, and the question is directly addressed throughout. The references that are cited are always directly relevant, up to date, and an evaluative commentary is provided. The presentation of the work (including grammar, spelling and writing style) is excellent. References are cited appropriately in the text.
B	**B1** **B2** **B3**	**17** **16** **15**	The answer has demonstrated a comprehensive and good grasp of the relevant issues. The skills of critical analysis and synthesis of the relevant literature are demonstrated. The answer is well integrated and well structured. References are cited appropriately and overall presentation is good. There is evidence for good discipline in writing style and awareness of what to omit as well as what to include.
C	**C1** **C2** **C3**	**14** **13** **12**	An executive summary of no more than 2 pages which can act as a stand alone document. A brief introduction, covering most of the main contextual issues, cites key literature-including to National standards or other National publications, makes some reference to theory if appropriate, leads into aims and research questions. There is a clear statement as to the national or local standard or guideline or other comparator that the audit aims to assess against. Aims

			and audit questions are clear and appropriate. There is a section on ethics. Reasonable consideration has been given to data analysis/presentation. Method and design is clear and would allow repetition of the study. Results are presented clearly and logically and analysed appropriately. Evidence of critical analysis of the material in Discussion and in relation to other studies. A clear Dissemination plan is included. The references that are cited are relevant. Appendices are used appropriately for additional material-this includes a PowerPoint presentation that summarises the study appropriately. The presentation of the work (including grammar, spelling and writing style) is acceptable. There is evidence for some discipline in writing style including in terms of the prescribed word limit of 5000 words plus appendices.
D	**D1** **D2** **D3**	**11** **10** **9**	Most of the criteria for a clear pass are met, but there are some areas where those criteria are not met. Those deficiencies are not sufficient to mean that the Trainee should fail the work. However, this mark should serve the function of alerting the Trainee to the need to improve subsequent work. Deficiencies often pertain to barely adequate presentation or style, work which is in places difficult to follow, lacks depth of understanding, some references but inadequate.
E	**E1** **E2** **E3**	**8** **7** **6**	Some of the criteria for a clear pass are met, but there are many areas where those criteria are not met. Those deficiencies are sufficient to mean that the Trainee should fail the work, but indicate that the work has some merit. This mark should serve the function of alerting the Trainee to the need to significantly improve subsequent work. Deficiencies often pertain to inadequate presentation or style, work that is difficult to follow, lacks depth of understanding, some references but inadequate. Analyses or interpretation of data may be wrong or inadequate. The work may be too long and require significant editing. The work should be retrievable on resubmission.

F	**F1** **F2** **F3**	**5** **4** **3**	Few or none of the criteria for a clear pass are met. Those deficiencies are sufficient to mean that the Trainee should fail the work, and indicate that the work is broadly deficient. This mark should serve the function of alerting the Trainee to the need to very significantly improve subsequent work. Deficiencies often pertain to poor presentation or style, work that is difficult to follow, lacks depth of understanding, references are inadequate. Analyses may be inappropriate or interpretation of data wrong. The work may be too long and require significant editing. The work may not be retrievable in some cases and a new project required.
G	**G1** **G2**	**2** **1**	None of the criteria for a pass are met.
H	**H**	**0**	No evidence of attainment of intended learning outcomes.
CR	**CREDIT REFUSED**		Failure to comply, in the absence of good cause, with the published requirements of the course or programme; and/or a serious breach of regulations.

APPENDIX 9.5 MARKING FRAMEWORK FOR CRITICAL APPRAISAL EXAMINATIONS

The examinations are marked using a six category scheme, described below. From the point of view of the marker, the key decision is the categorical judgement, with the level of percentage mark being assigned subsequently based on the merits of the work within that category. Examiners are encouraged to use the full range of the scale.

Primary Grade	Secondary Band*	Aggregation Score	Descriptive comments
A	**A1** **A2** **A3** **A4** **A5**	**22** **21** **20** **19** **18**	This piece of work shows a sophisticated grasp of theoretical, clinical and professional issues. There is clear evidence of incisive critical analysis of the material, and the question is directly addressed throughout. The references that are cited are always directly relevant, up to date, and an evaluative commentary is provided. There is evidence of the Trainee having explored a wide literature. Where appropriate, clinical, ethical and professional materials are used and fully integrated with the piece of work. Clinical and research implications are comprehensively outlined. Contribution to the literature (even if hypothetical) is discussed. The presentation of the work (including grammar, spelling and writing style) is excellent. References are cited appropriately in the text.
B	**B1** **B2** **B3**	**17** **16** **15**	The answer has demonstrated a comprehensive and good grasp of the procedural and methodological issues pertaining to research. The skills of critical analysis and synthesis of the relevant literature are well demonstrated. The trainee has summarised and synthesised the key methodological issues, providing an account of both strengths and weaknesses. The answer is well integrated and well structured. References are cited appropriately and overall presentation is good.
C	**C1** **C2**	**14** **13**	This piece of work shows a good grasp of the relevant procedural and methodological issues pertaining to research. There is clear

	C3	**12**	evidence of critical analysis of the material. The trainee has summarised and synthesised many of the key methodological issues including both strengths and weaknesses of the study being critiqued. The references that are cited are usually relevant. Where appropriate, clinical, ethical and professional matters (e.g. ethics) are commented on, although they are not fully integrated with the piece of work. The presentation of the work (including grammar, spelling and writing style) is acceptable. References are cited appropriately in the text, with few errors.
D	**D1** **D2** **D3**	**11** **10** **9**	Most of the criteria for a clear pass are met, but there are some areas where those criteria are not met. Those deficiencies are not sufficient to mean that the Trainee should fail the work. However, this mark should serve the function of alerting the Trainee to the need to improve subsequent work.
E	**E1** **E2** **E3**	**8** **7** **6**	Some of the criteria for a clear pass are met, but there are many areas where those criteria are not met. Those deficiencies are sufficient to mean that the Trainee should fail the work, but indicate that the work has some merit. This mark should serve the function of alerting the Trainee to the need to significantly improve subsequent work
F	**F1** **F2** **F3**	**5** **4** **3**	Few or none of the criteria for a clear pass are met. Those deficiencies are sufficient to mean that the Trainee should fail the work, and indicate that the work is broadly deficient. This mark should serve the function of alerting the Trainee to the need to improve subsequent work.
G	**G1** **G2**	**2** **1**	None of the criteria for a pass are met.
H	**H**	**0**	No evidence of attainment of intended learning outcomes.
CR	**CREDIT REFUSED**		Failure to comply, in the absence of good cause, with the published requirements of the course or programme; and/or a serious breach of regulations.

APPENDIX 9.6 COMMUNICATION & CONFIDENTIALITY SHEET

You can expect that information about you and your training is kept confidential, but as for clients in clinical settings, this cannot be absolute. The Programme Communication Policy is the document which describes how information about you is shared and why.

The Programme Communication Policy ensures that those training you and supporting your training are able to do so to the best of their ability and in your best interests. On the Programme, you are not only employees of the NHS, but also postgraduate students at the University of Glasgow and your training is supported by NHS Education for Scotland (NES). So communication is necessary, both within each of these organisations as well as between these organisations. This is similar to communication between professionals in a multi-disciplinary team who share confidential information about clients in order to provide high quality care in the patients' best interests.

It is important that you understand how information about you will be shared, and the group of people within which that sharing will take place. The Programme Communication Policy is therefore reproduced beneath, and you are asked to read this and sign to indicate your understanding and acceptance of the ways, described in the Policy, that information about you will be shared.

If you have any concerns about this, please speak to your Personal Tutor or Clinical Tutor.

Programme Communication Policy

Background

Successful training of Clinical Psychologists requires the close collaboration and co-operation of multiple stakeholders, of which the principal ones are NES, the NHS and the University of Glasgow. Each of these stakeholders operates its own governance structures and procedures, which can operate independently in most of their other dealings. However, in the case of delivering the programme, these independent structures and procedures are often interdependent, necessitating co-ordinated action by more than one stakeholder or action by only one with the knowledge and involvement of the others. The same can also be true of information sharing. Where information may not usually be disclosed outside one system, the partnership involved in training requires it to be shared with other stakeholders. It is in trainees' best interests that stakeholders communicate openly, as this allows appropriate levels of support to be provided in a timely manner in the various environments where this is required.

The key individuals who may require access to information about trainees and their circumstances are as follows (in alphabetical order):

- Clinical Practice Director
- Programme Director
- Clinical Tutor
- Head of Service
- Line manager
- Local Tutor
- NES (Training Office Manager, Director of Training)
- Supervisor

These individuals are subsequently referred to as “the core group”.

Clarity is required for each trainee regarding the line management arrangements, in that the various functions of management can be provided by different individuals. For example, it is common for trainees to identify their line manager as the Clinical Psychologist with responsibilities in the clinical area in which they work, who fulfils leave, travel and work allocation functions; whereas a different individual, often a Head of Specialty or Department, might fulfil performance review and disciplinary functions.

At the outset of training, the Programme requests a named line manager for each trainee. It is proposed that this be the person viewed as the key individual for communication, who will then take responsibility for informing others within the Board, either day-to-day managers or more senior managers, as appropriate. Similarly, Personal Tutors and Clinical Tutors to whom serious issues are communicated are responsible for involving the Clinical Practice Director or Programme Director, as appropriate. Staff employed by NES, namely Clinical Tutors, Clinical Practice Director, Training Office Manager and Director of Training will take responsibility for communication between each other and with finance colleagues in NES.

Principle 1 – Automatic notification
Any members of the core group will communicate information about a trainee timeously to other members of the core group where that information is relevant and necessary to the work of those other members with the trainee.

If there is uncertainty about whether the information is relevant and necessary or not, then the information should be shared and the appropriateness of doing so should be determined with the recipient in order to clarify for the future.

In many of the communications between members of the core group, this principle is already well understood and embedded in existing processes. For example, supervisors having a concern regarding a trainee’s progress will communicate that to a mid-placement visitor who will, through the standard report, communicate this to the Clinical Tutor and Local Tutor. Similarly, systems exist to ensure that local tutors are informed of trainees’ learning objectives, which will have an impact on their planning of placements. A key element of this system is the Trainee Progress Meeting which takes place monthly and provides an opportunity for core group members to share necessary information as appropriate.

Clear examples of relevant and necessary information across stakeholders would include:

Various kinds of Leave – sickness (of more than 2 weeks), parental, special, compassionate, carer, adoption (not annual leave for which separate communication is detailed in the Handbook)
Professional behaviour and Conduct issues
Fitness to practise issues
Failure of parts of programme
Disability status where reasonable adjustments are required (see note below)

Principle 2 – Information request

In addition to Principle 1, any members of the core group (named above) can request information held by another member of the core group, or another stakeholder. A reason must be given for the information requested. The request must be considered and a reason given and recorded if the request is not fulfilled.

Personal difficulties
Trainees may sometimes disclose information about personal difficulties affecting their work, either on placement, or on work component, for specialist trainees. Trainees discussing the impact of these difficulties in the past have voiced concern that sensitive information might be disseminated widely. Trainees should be aware of the guidance in the BPS Code of Ethics and Conduct (2009) (Standard of recognising impairment) as well as in the HCPC Standards of Conduct Performance and Ethics (2012) and the HCPC Guidance on Conduct and Ethics for Students (2012, Standard 5: "You should limit your study or stop studying if your performance or judgement is affected by your health", and Standard 8: "You should communicate effectively with service users and your education provider and placement provider"). This guidance indicates the importance of trainees disclosing such information but particular care should be taken to ensure, consistent with the remainder of this Policy, that only the information that is relevant and necessary to the work of another member of the core group is shared.

Disclosures of Disability under the Equality Act (2010) Previously the Disability Discrimination Act (DDA: 1995)
Under the Equality Act, once a student or an employee has disclosed a disability to certain categories of individual within an organisation, then that organisation is "deemed to know" about the disability under the Act and can be held liable for discriminatory practice such as not providing reasonable adjustments. Thus, communication within organisations is very important and in the context of clinical psychology training, communication between the stakeholders is equally so.

However, individuals disclosing a disability under the definition of the Equality Act are entitled to request that this disclosure be kept confidential. Full confidentiality cannot be guaranteed as the Equality Act does not override Health and Safety legislation with respect to the individual or others. Further details regarding processes for trainees with

disabilities are given in the Handbook. In the meantime, anyone receiving a disclosure of disability from a trainee should discuss confidentiality explicitly and discuss the benefits of full disclosure for the trainee and their training. Clarification should also be obtained as to the extent of information sharing to which the trainee consents, for example all information or just that which is required for reasonable adjustments to be made.

I have read and understood the above Programme Communication Policy and accept that the stakeholders included in it will share information about me as described in the Policy.

Signed……..

PRINT NAME…….

Date……..

APPENDIX 9.7 CODE OF CONDUCT

University of Glasgow College of Medical, Veterinary, and Life Sciences
Code of Professional Conduct for DClinPsy Trainees

Trainees are required at all times to be of good behaviour and to observe all regulations which may be made from time to time by the University. A trainee who is a matriculated student for the programme of study leading to the degree of Doctorate in Clinical Psychology (DClinPsy) is required to act in a professional role in relation to patients, their families and carers, and professional colleagues. Therefore, as a condition of matriculation all trainees must undertake to comply with the principles of this Code of Professional Conduct.

Purpose of the Code
Compliance with the code aims to:

- protect present and future patients, children, clients, or service users
- promote trainees adherence to the standards of conduct, performance, and ethics stipulated by the Health Professions Council (HPC) and the British Psychological Society (BPS)
- protect the health and well being of the Trainee
- protect the University of Glasgow against legal action brought by someone claiming to have suffered loss as a result of the Trainee proving to be unfit to practise, both during training or after qualification.

Core Values
The core values that underpin activities in education, research and overall professional conduct are:

- the habit of truth
- respect for others
- caring
- partnership
- creativity
- social justice
- integrity
- responsibility

A trainee matriculated on the programme of study leading to the degree of DClinPsy is expected to adhere to these values, to be honest and trustworthy and to follow at all times this Code of Professional Conduct. In the unlikely and unfortunate event that the Code is not followed, Fitness to Practise procedures will be invoked.

Professional Conduct
The expectations of DClinPsy Trainees with respect to professional conduct are primarily derived from the HPC *Standards of Conduct, Performance, and Ethics* (2008)[6] and the British Psychological Society (BPS) *Code of Ethics and Conduct* (2009)[7]. In addition, Trainees are obliged to adhere to the policies and procedures governing professional conduct that are stipulated by their employing NHS Health Board.

Code of Practice
As a Trainee Clinical Psychologist enrolled in the Doctorate of Clinical Psychology at University of Glasgow, I shall:

- be honest and trustworthy
- make the safety and care of patients my first concern
- treat every patient politely and with consideration
- respect each patient's right to privacy and dignity
- listen to patients and respect their views
- always seek any necessary permission and consent for my activities
- always make it clear to patients that I am a Trainee Clinical Psychologist
- develop, practise and maintain my skills and knowledge to the best of my ability, and ensure they are up-to-date

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[1] Available at: http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf
[2] Available at http://www.bps.org.uk/sites/default/files/documents/code_of_ethics_and_conduct.pdf

- recognise and act within the limits of my competence
- respect and protect confidential information
- ensure that my personal beliefs do not prejudice my dealings with patients
- treat colleagues with courtesy and respect
- report to the Programme any action by Trainees or staff which might put patients/clients/Trainees/service users at risk
- respect a patient/carer/relative's trust in me
- conduct and present myself in a manner which the public might reasonably expect of a professional person (this includes standards of dress, record keeping, time keeping, notification of absences from teaching and/or clinical work)
- take responsibility for my learning by attending and actively participating in all learning opportunities
- comply with the requirements of the Programme as set out in the University Calendar and Course Information Documents

Procedure for Consideration of Fitness to Practice

Low-grade infringements of this Code of Professional Conduct will be dealt with internally by the Programme team under the guidance of the Programme Director or their delegate. This set of procedures is described in the Programme Handbook. Persistent low-grade infringements and/or serious violations of the Code will be referred to the College for consideration. The formal procedure for determining whether a student is fit to practise is contained in the University Calendar, Fees and General Information (Sections 33 and 34[8]).

A Trainee shall be referred to the College Fitness to Practise Committee in the following circumstances:

(a) Where a minor breach is repeated and is considered to constitute a pattern of behaviour which is not compliant with the Code of Professional Conduct for DClinPsy Trainees
(b) Where a review of the progress made by the student following action under the informal procedure indicates a serious breach of the Code of Professional Conduct for DClinPsy Trainees
(c) Where a reported breach of the Code is deemed by the Dean of the Faculty to be of sufficient seriousness to warrant immediate referral to the College Fitness to Practise Committee rather than resolution by the informal procedure
(d) Where a trainee has a persistent mental or physical impairment that is likely to jeopardise the wellbeing of patients and interfere with the trainees clinical functioning

Where failure to comply with the Code of Professional Conduct for DClinPsy Trainees is demonstrated, the Trainee may be excluded from the programme of study.

Declaration

I have read and understand this Code of Professional Conduct and Fitness to Practise. I agree, whilst a matriculated DClinPsy student of the University of Glasgow, to comply with its terms. I understand that if I am found to be in breach of its terms I may be referred for consideration under the University's Fitness to Practise procedures (found in the University Calendar, Fees and General Information, Sections 33 and 34).

Name: _____

Date: _____

[3] Available at http://www.gla.ac.uk/services/senateoffice/calendar/

APPENDIX 9.8 REQUEST FOR APPROVED ABSENCE

Trainee Name: Intake year:

Date of Request:

Dates of Requested Absence:

From: To:

Activities/teaching that will be missed:

Grounds for absence:

I confirm that I have contacted the Module Coordinator or Research Supervisor and agreed a suitable plan to make up for the missed work ☐

PLEASE TICK·

Comments/Additional Information:

PLEASE SUBMIT THIS COMPLETED FORM TO THE ADMINISTRATION TEAM

OFFICIAL USE ONLY Decision:	