QUEEN'S UNIVERSITY BELFAST

2025 - 26

Doctorate in Clinical Psychology

Placements 1-5

2025 -2026

School of Psychology

QUB

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1. Introduction

Practice based learning on the Doctorate in Clinical Psychology course consists of five placement modules across the three years of training [i.e., Placement 1 (PSY9016); Placement 2 (PSY9022); Placement 3 (PSY9023); Placement 4 (PSY9027) and Placement 5 (PSY9028)].

On each placement the trainee will be provided with supervision usually from a qualified Clinical Psychologist (or other appropriately qualified psychologist / psychological therapist). Over the course of the five placements trainees will get opportunities to work as a trainee clinical psychologist across the lifespan with children, adults, and older adults. A variety of clinical presentations will be seen on placement in services such as adult mental health, child and adolescent mental health, intellectual disability, neuropsychology, older adults, clinical health psychology, looked after children, perinatal and trauma. Clinical work will include carrying out thorough assessments, developing psychological formulations as well as planning and delivering a range of psychological interventions from multiple therapeutic domains. This work may involve direct work with an individual (an identified client), a group and/or with carers and other healthcare professionals involved in providing care and/or support.

The Clinical Tutor team (comprised of staff from the QUB DClinPsych programme team), led by the Clinical Director and the Programme Director are responsible for co-ordinating placements and will conduct placement meetings to monitor training. They also facilitate communication between placement supervisors and the programme team and between trainees and placement supervisors. Each trainee is assigned a clinical tutor at the start of training, who will be a main point of contact for their placement meetings and for queries relating to their placements. Trainees should have an opportunity to meet their clinical tutor at the start of training and prior to commencement of their first placement. Trainees should be aware that information relating to their progress on placement may be shared within the DClinPsych programme team in order to facilitate appropriate placement monitoring and support.

1.1 First-year placement

The first-year placement module (PSY9016) will involve being on placement (typically from the end of October/ start of November to start of September) in a clinical service during the first year of placement for three days a week throughout the year, with two days a week at the university for teaching and/or study/research (except when attending for teaching blocks at the university) and rising to four days during the summer months. The placement should provide experience in assessment and treatment of common presentations of adulthood (e.g., anxiety difficulties, adjustment problems, depression, obsessive-compulsive problems, persistent physical symptoms including pain, post-traumatic stress symptoms etc.). Trainees on this placement must have opportunities to work with cases using a cognitive behavioural approach.

1.2 Year two placements

The two placement modules in second year (placements 2 & 3; PSY9022/3) will see trainees gain experience in Child and Family Services (e.g., CAMHS, Paediatric Psychology) and Intellectual Disability or Neuropsychology. There should be opportunities to work with cases using a systemic approach as well as cognitive behavioural and/or other evidence-based interventions/approaches. The placements typically will mean being on placement three days a week during term time, with two days a week at the university for teaching and/or study/research (except when attending for teaching blocks at the university) and rising to four days during the summer months for placement 3.

1.3 Year three placements

The two placement modules in third year (placements 4 & 5; PSY9027/8) will see trainees gain experience in specialist placements. Placements available include, older adult, addiction, psychosis, perinatal psychology, forensic, specialist child and adolescent, specialist intellectual disability or neuropsychology services, and looked after children services. The placements typically will mean being on placement three days a week during term time, with two days a week at the university for teaching and/or study/research (except when attending for teaching blocks at the university) and rising to four days during the summer months for placement 5.

1.4 Linking theory and practice

All the placements should provide trainees with opportunities to apply the teaching received at the university in a clinical setting (i.e., theory and research findings should inform clinical practice). Trainees should also be able to bring their clinical experience and observations back into the classroom which can complement teaching / enhance learning and support them to become reflective scientist-practitioners.

1.5 A well-rounded learning journey

On placements, in addition to developing core clinical skills, several factors must be considered to ensure a well-rounded and impactful experiential learning journey, including:

- **Equality, Diversity, and Inclusion:** An important consideration is the promotion of Equality, Diversity, and Inclusion (EDI). Clinical psychology is deeply rooted in understanding and addressing the diverse needs and experiences of individuals. Clinical placements should expose trainees to a broad range of client backgrounds, ensuring that they acquire the cultural competence and sensitivity required to serve diverse populations. Discussion of EDI considerations should take place at the placement planning stage and throughout the placement process.

- **Patient and Public Involvement (PPI):** PPI is another crucial aspect of clinical placements. Engaging patients/clients/carers and the broader community in how services are designed and delivered can enhance the quality and relevance of psychological services. Trainees should be exposed to opportunities where they can collaborate with patients/clients/carers to understand their perspectives, needs, and preferences. This involvement should enrich the learning experience on placement.

- **Leadership:** Development of leadership skills should be emphasised during clinical placements. Clinical psychologists often find themselves in leadership roles within teams or in organisations. These placements should offer trainees the chance to take on responsibilities that foster leadership skills, such as leading group therapy sessions, leading on an audit or service evaluation, leading on team formulation (e.g. https://acpuk.org.uk/wp-content/uploads/2022/07/ACP-UK-Team-Formulation-Guidance-v1.pdf)

  "We believe that it is important for those not just in managerial and leadership positions, but across all levels, to be able to demonstrate leadership, whether that be through suggesting innovative solutions, encouraging and helping their colleagues or sharing a new skill."
  HCPC, https://www.hcpc-uk.org/news-and-events/blog/2020/prioritising-leadership-in-our-standards-of-proficiency/

- **Digital Skills:** Proficiency in digital skills is essential for effective clinical practice. Placements should incorporate opportunities for trainees to become skilled at utilising digital tools and technologies for assessment, treatment, and research purposes. This includes understanding telehealth platforms, electronic health records, and data analysis tools, which are increasingly important in HSC settings.

- **Health promotion:** Additionally, health promotion and preventing ill health should be an integral part of clinical placements through making every contact count for example (https://www.hee.nhs.uk/our-work/population-health/our-resources-hub/making-every-contact-count-mecc). Trainee clinical psychologists should be equipped to promote overall wellbeing. Placements should expose trainees to strategies for health promotion, early intervention, and/or community-based prevention programs. As specified in the HCPC Standards of Proficiency for Practitioner Psychologists (2023):

  "15.1 understand the role of their profession in health promotion, health education and preventing ill health
  15.2 understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and wellbeing
  15.3 empower and enable individuals (including service users and colleagues) to play a part in managing their own health"
  https://www.hcpc-uk.org/standards/standards-of-proficiency/practitioner-psychologists/

1.6 Expectations for trainee professional behaviour on placement

As BSO employees, and as students on a training programme aimed at leading to HCPC registration, trainees are expected to ensure that their conduct on placement adheres to appropriate standards and expectations around professional behaviour. Trainees are expected to adhere to relevant guidance (including the HCPC Guidance on Conduct and Ethics for Students), and professionalism is assessed as part of the placement monitoring process. For example, the 'Personal and professional skills and values' section of placement monitoring forms covers issues such as the ability to use feedback and manage learning needs, work organisation and time management, and interpersonal relationships. Other expectations include maintenance of appropriate professional boundaries, adhering to requirements around confidentiality, timely completion of clinical and administrative tasks, maintenance and management of an appropriate workload, timely communication around any issues that might impact on workplace performance, attending to development and maintenance of positive working relationships with colleagues within the team where appropriate, engagement in wider team activities where required (e.g. team meetings), and adherence to organisational and service policies and procedures.

1.7 Placement concerns process

Various sections of this document provide information on what is expected of both trainees and supervisors, and actions to be taken in case of issues arising on placement. All trainees should also familiarise themselves with the overarching placement concerns process (see Appendix E) which guides responses to any concerns arising in relation to either trainees on placement, or placement supervisors or settings. This includes responses to incidents of racism or other forms of discrimination on placement.

2. Organisation of Placements

Each placement is organised by the Clinical Director, in consultation with the Programme Director, supervisors and trainees. Placement organisation for a particular year involves liaising with potential supervisors and with each Trust's Training Liaison Clinical Psychologist (TLCP). TLCPs are clinical psychologists nominated by each Trust to consult with supervisors to ascertain placement availability for the coming academic year. The Clinical Tutor Team is in regular contact with these psychologists. A Placement Panel meeting, comprising of the Clinical Tutor Team, other DClinPsych team members, the TLCPs, trainee representatives, supervisor representatives, a service user representative, and representatives from the NI Division of Clinical Psychology Special Interest Groups, occurs on a biannual basis to monitor and review placement modules, procedures and guidelines.

2.1 Qualifications of Supervisors

When confirming placement availability, a check is made to ensure that potential supervisors who are clinical psychologists or practitioner psychologists are HCPC registered. In the event that a supervisor is not a clinical psychologist / practitioner psychologist (e.g. a cognitive behavioural therapist), and/or that the placement and supervisor are not based in the UK, then the programme team need to be satisfied that the supervisor has appropriate qualifications and experience / registration with an appropriate statutory or professional body will be confirmed (e.g. BABCP, UKCP etc.). In addition, the Clinical Tutor Team (in consultation with other members of the Course Team) would have to be satisfied that the potential placement offers sufficient opportunities for the trainee to acquire and demonstrate the learning outcomes of the placement module and in relation to the programme's guidelines for work with specific populations. All other conditions for approving placements would have to be satisfied (see below). Where the primary supervisor is not a clinical psychologist/ practitioner psychologist, it is desirable for arrangements to be in place to ensure that trainees have access to a practitioner psychologist within their placement setting.

2.2 Approval of Placements

All placements are subject to the approval of the Clinical Tutor Team (in consultation with other members of the programme team). Ongoing approval of placements is chiefly informed through student feedback, discussion and observations related to our placement meetings (see below) and through the placement audit. Approval is made using a number of criteria related to HCPC Standards for Education and Training and BPS accreditation criteria:

- The supervisor holds the appropriate qualifications.
- The placement offers sufficient opportunities for the trainee to acquire and demonstrate the learning outcomes of the placement modules and in relation to the programmes guidelines for work with specific populations.
- The placement supervisor has undertaken our supervisor training or equivalent training or is already listed on the BPS Register of Applied Psychology Practice Supervisors.

3. Placement Allocation

Across the three years of training, there are typically five placements to complete: one in first year, two in second year, and two in third year. Trainees will be allocated to these placements at the start of each academic year. Please see below for details on how allocation works for each year of training and frequently asked questions.

3.1 Year 1

For those entering their first year of training, we will allocate trainees to a placement shortly

after they commence training and send an email informing them of the placement they have been allocated. The first placement usually starts towards the end of October or start of November, and finishes the following September. Placements days are usually Monday to Wednesday throughout the year, increasing to four days, Monday to Thursday, during the summer months. The placement should provide exposure to common presentations of adulthood. Examples of clinical services that you may be allocated to, include, Adult Mental Health, Adult Health, and Occupational Health. These placements must provide opportunities to work with adults using a cognitive behavioural approach.

3.2 Year 2

The placement allocation process for year 2 is relatively straightforward. This is because during year 2 trainees need to compete a supervised child psychology placement and an intellectual disability or Neuropsychology placement. Trainees will be emailed to request that they share with the Clinical Director any relevant information that may influence the allocations process. This may include, for example, reasonable adjustments recommended by Occupational Health or QUB Accessible Learning Support, medical conditions impacting on driving ability, and caregiving responsibilities. Placement allocations for Year 2 are not generally determined by trainee preferences, as the focus is on development of key core competencies. During the second year, placement 2 takes place usually from September/October to March, and placement 3 from April to September.

3.3 Year 3

Prior to entering the third year of training, trainees will meet with the Clinical Director to discuss placement allocation. They will review the trainee's competency development briefly in terms of experience working across the lifespan, observed psychometric experiences (e.g., WISC / WAIS), and psychological therapy competence (CBT plus one other modality), with reference to the competency requirements outlined in the BPS Accreditation criteria for Clinical Psychology Training programmes. Any core competency gaps will be identified, and will inform the placement allocations process. Trainee preferences will also be taken into account as far as possible. However as learning needs, relevant individual circumstances, and preferences need to be taken into account across the whole cohort, it is not possible to guarantee allocation of a specific preferred placement. Placement allocation planning for those entering third year is necessarily quite involved as it is important to address any competency gaps during this final year. This is necessary to ensure that a trainee can be placed on the HCPC pass list on completion of the training programme. Supporting trainees to achieve the relevant competencies in training is our priority. In third year, trainees complete placement 4, which takes place usually from September/October to March, and placement 5 from around April to September.

3.4 FAQs

Where do the placements come from?
Each year the programme receives offers of trainee placements in services from across the HSC in Northern Ireland and from a small number of other organisations. These vary year on year.

Do you consider travel preferences?
Placements take place throughout Northern Ireland, and this means travel is required. All trainees will have been required to hold a full current driving licence (valid in the UK) and have access to a car by the time they have started the course. Trainees who have declared that they have a disability which prevents them from driving, should have access to a form of transport which will permit them to carry out the duties of the position in full. Please contact the Clinical Director if you wish to discuss.

All trainees should expect some level of travel associated with placement. We endeavour to ensure travel requirements are distributed evenly across the three training years. In the placement allocation matching process, travel is only one consideration when matching a trainee to a placement and what is most important is that a placement should support a trainee to achieve their learning targets and develop the required competencies. While we try to accommodate requests regarding travel, unless there are circumstances where travel may be more difficult for you, we expect trainees to travel to any allocated placement. To support you with this, travel expenses including overnight accommodation (if required) are provided in line with your training contract and Agenda for Change T&C. See Annex 14 for subsistence allowances (https://www.nhsemployers.org/publications/tchandbook). If you have questions about how to claim such expenses, please get in touch with the admin team via the DClinPsych mailbox in the first instance.

What happens after the meeting with the Clinical Director to discuss placement options, for those entering third year?
After speaking with trainees and considering their preferences the clinical director will allocate trainees to placements, carefully balancing the preferences and the learning needs of the trainees. We let trainees know which placement they have been allocated as soon as possible. Please note this process can take several weeks. We would expect trainees to be notified of which placement they have been allocated to by early September.

Can I approach potential supervisors myself?
Liaison with potential supervisors should be conducted by the Clinical Director (who maintains an overview of placement availability and the range of needs within the trainee cohort), rather than direct approaches being made to supervisors by individual trainees.

What if I am interested in pursuing a specialist Year 3 placement outside Northern Ireland?
Generally there is an expectation that trainee placements will be based within Northern Ireland HSC Services. However, occasionally requests for placements elsewhere may be considered if these would provide learning opportunities not available within HSC services. Please see the Out of Area Placement request process (Appendix F) for further details.

Will there be an opportunity to provide feedback regarding trainee experience of the placement allocation process?
Yes, regular Clinical Director catch-up slots are scheduled for each year group, providing an opportunity to discuss issues relevant to placement allocations and experiences.

What should I do if I have any further questions or a complaint about placement allocation?
Please contact the Clinical Director, Dr Olwyn Matier, in the first instance. If you still have concerns not addressed and/or would like to make a complaint about the placement allocation process please contact the programme director, Dr David Curran.

4. Procedures for Monitoring Placements

4.1 Placement Planning

At the start of placement, the trainee and supervisor should meet to discuss plans and arrangements for the placement, and should capture the outcome of their discussions in the Placement Description and Plan form and accompanying Health and Safety Checklist. This should be completed within the first 2 – 3 weeks of placement, using the Microsoft System. Support with this is available from the trainee's clinical tutor if required. A Word document version of the Placement Planning form is available on Canvas, as an amendable version of the form can be helpful for use during discussions between the trainee and supervisor while

the placement plan is being developed. The final version should then be inputted to the Microsoft System.

In line with standard practice within many DClinPsych training programmes, formal placement planning meetings with a member of the programme team are no longer required. The trainee should email their clinical tutor to advise once the placement planning form has been completed and is available for review on the online system; they should also ensure that the Health and Safety checklist has been uploaded to Canvas for review. The clinical tutor will review the forms and will contact the trainee and supervisor if any further information is required or if there are any suggested amendments (e.g. to ensure compliance with BPS requirements for trainee supervision, to ensure the placement plan is compatible with the module learning objectives, to address the particular trainee's learning needs, or to ensure compatibility with any relevant national guidelines for a placement with the particular clinical population).

The placement plan should include details of supervision (timing, structure, frequency etc), arrangements for formal observation, plans for related university coursework (e.g. the Service Related Project in Year 1), and plans for any leave to be taken by the trainee or supervisor should also be discussed at this point. The supervisor will receive a copy of the trainee's previous End of Placement form (in the case of second and third year trainees) at the outset of the placement, which will help to inform the placement planning process.

In some instances a formal placement planning meeting may be beneficial (e.g. if there are specific individual circumstances to be taken into account); in such cases the clinical tutor may suggest a meeting, or this can be requested by the trainee or supervisor if it would be helpful. The trainee's clinical tutor is available to be contacted in the case of any queries arising around the placement planning process.

Prior to a placement commencing, and to facilitate smooth placement planning, placement supervisors will receive the trainee's contact details, including their QUB email address and phone number, so they can make contact with the trainee prior to and during the placement.

An important role of the Clinical Tutor is to check that the negotiated contract is in keeping with the needs of the trainee, placement module descriptors, the Standards of Education and Training set by the Health and Care Professions Council, BPS guidance for the supervision of trainee clinical psychologists (e.g. in terms of amount of contact between the trainee and supervisor, provision of opportunities for mutual observation, etc), and relevant/national guidelines for a placement with the given population.

4.2 Mid Placement Meeting

All placements will have a mid-placement meeting between the Clinical Tutor, the supervisor and the trainee. In the longer year one placement, trainees will usually have two 'mid' placement meetings, the first of which will involve a brief check-in around adherence to the placement plan and any issues arising (formal placement ratings are not required at this first meeting).

The relevant Mid-Placement Review forms should be completed on the placement computer system provided by the university (i.e., Microsoft System) by the supervisor and trainee one week before the scheduled visit. The trainee must notify their clinical tutor once forms have been uploaded and are available for review. Logbooks must be completed and up to date for this meeting. Please note that most placement meetings take place online, however in-person meetings can be facilitated where required.

The Aims and Purpose of a Mid-Placement Review:

The mid-placement meetings serve several important functions. The mid-placement meeting provides an opportunity for all parties to reflect on progress in a manner which should be facilitative. It should review progress on meeting the placement plan, identify current strengths and limitations and formulate targets for the remainder of the placement in light of these discussions. If there are significant concerns/difficulties, which could threaten the pass status of the placement, these should (as far as possible) be identified at this stage with an action plan formulated in an effort to remediate these difficulties. It should be emphasised, however, that sometimes difficulties do not become apparent until after the mid-placement meeting and on rare occasions may only be clearly apparent towards the end of placement. In such cases concerns should be made explicit to the trainee AND the Clinical Tutor at the earliest stage possible.

In advance of the meeting, if it is felt to be helpful, the trainee may consider completing the Short Supervisory Relationship Questionnaire (S-SRQ; Cliffe, Beinart & Cooper, 2014) and discussing this in supervision. However there is no requirement for this to be completed or for the measure to be discussed at Mid Placement Review. This is suggested as an optional resource to aid reflection on the supervisory relationship, exploring the provision of a safe base, reflective education, and structure within supervision. The S-SRQ can be accessed here, and a copy is available in Appendix G:
https://www.researchgate.net/publication/269418757_Development_and_Validation_of_a_Short_Version_of_the_Supervisory_Relationship_Questionnaire

The Mid Placement Review meeting usually comprises:

- A review of the clinical work of the trainee in terms of content, level, the skills and competencies acquired. Trainees may be asked by the Clinical Tutor to describe clinical material in detail (e.g. to discuss assessment, formulation and intervention).
- A formal review of the supervision arrangements to ensure that the placement contract and supervision guidelines are being followed and the Standards of Education and Training set by the Health and Care Professions Council regarding practice placement are being met.
- An opportunity to identify targets (clinical, supervisory or organisational) for the second half of the placement.
- An opportunity to make links between the theoretical and practical aspects of the clinical training course.
- The meeting should also provide an opportunity to explore EDI considerations such as power in relation to intersectional identities within the service context.

The usual format for the Mid-Placement Meeting is as follows:

- The Clinical Tutor will initially meet first with both the trainee and the supervisor.
- The Clinical Tutor will during the meeting meet with the trainee on their own. This may involve (in no set order and this is not necessarily an exhaustive list): general discussion of the opportunities offered by the placement; detailed consideration of the clinical experiences undertaken and the clinical skills/competencies being developed; discussion around professional behaviour and professional issues; consideration of the progress and process of the supervisory relationship; the capacity of the trainee to be reflective; reading and talking through the Mid-Placement Review forms; discussion of any difficulties encountered and thoughts and plans for the second half of the placement.
- The trainee's logbook should be available.
- The Clinical Tutor will during the meeting also meet the supervisor on their own and seek to explore the supervisor's thoughts, observations, and understanding of the trainee's progress, aptitude, developing skills/competencies, professionalism and

potential gaps in experience as well as any skill/competency deficits. There will be discussion of the trainee's progress and targets for the remainder of the placement in terms of what learning outcomes from the relevant module descriptor still need to be achieved.

- A three-way meeting between the trainee, supervisor and Clinical Tutor should then take place. This three-way meeting is an opportunity to summarise what has been said/discussed in the separate meeting to ensure that all information has been shared with all parties. It is an opportunity to agree targets for the later part of the placement. The tutor may begin by summarising what has been said/discussed with the supervisor and trainee and facilitate a conversation regarding targets for the remainder of the placement. Agreement should be reached regarding the targets for the remainder of the placement and what learning outcomes from the relevant module descriptor still need to be achieved.
- Should any problems, difficulties, concerns be raised at this meeting (or previously notified), these should be documented and placement forms should contain a written plan of targets and plans for remedial action.

A mid-placement meeting will usually take approximately 1.5hrs.The trainee needs to bring to this meeting:

- A copy of the placement planning form.
- The logbook of clinical experience.
- Mid-placement report (as generated by the placement computer system provided by the university (i.e., the Microsoft System).

4.3 End of Placement Meeting

If no problems or concerns have been identified at mid-placement, then the usual format is a three-way meeting, i.e., no separate meetings are required unless either the trainee or supervisor requests this. This meeting should take place as close as possible to the actual end of the placement.

The End of Placement Review forms should be completed on the placement computer system provided by the university (i.e., Microsoft System).

Logbooks must be completed and up to date for this meeting. At least one observation schedule should have been completed during the placement and be available for review at this meeting. It will often be appropriate for the supervisor to conduct more than one trainee observation throughout the course of the placement (e.g. to observe a range of different competencies or to monitor progress in the development of specific clinical skills across time). This should include observation of direct clinical practice, and developmental feedback should be provided based on the observations conducted. Feedback provided on the observation forms is formative rather than summative, but will inform the supervisor's final ratings of trainee clinical competence on the end of placement rating form. A range of observation forms are available: observation of general clinical skills (which may be used for group/individual/family work or staff consultation), observation of psychometric skills, observation from process notes, and the Assessment of Core CBT Skills / ACCS scale.

The aims and process of the End of Placement Meeting (this should be read in light of 5.1 Assessment of learning outcomes).

- The trainee should produce their logbooks of clinical experience and have had it signed by their supervisor to indicate that it is an accurate record of the work undertaken on the placement.

- The Clinical Tutor invites and facilitates discussion concerning the second half of the placement referring to Placement Planning form and the Mid-Placement Review report inviting comment on all aspects of the placement from both supervisor and trainee.
- If actual or potential problems and concerns have been raised at the mid-placement, then these problems and concerns would be specifically addressed again at this stage ensuring that ratings are given for all the core competencies required.
- This meeting is also an opportunity to review and acknowledge the trainee's strengths and development that has occurred.
- The meeting is an opportunity for gaps in experience and skill acquisition to be identified for attention in subsequent clinical placements.

The trainee needs to bring to this meeting:

- A copy of the placement planning form and the mid and end of placement reports (as generated by the placement computer system provided by the university (i.e., Microsoft System).
- The logbook of clinical experience and any completed observation forms.

4.4 Microsoft computer system for placement reports

Trainees progress on placement is currently monitored using a Microsoft 365 computer system. Placement planning, Mid placement reports and End of placement reports should be completed using this system. Guidance on how to use the system can be provided by a member of the course team if required. This method of gathering feedback provides trainees, clinical supervisors, and the course team with a clear picture of a trainee's development of skills and competencies during individual placements and across all placements during training.

Completion of the relevant forms at the appropriate stage of placement is the responsibility of the trainees, who should schedule reminders to ensure that these are completed and submitted in a timely manner. Completion of the trainee self review forms for mid and end of placement will then generate a link that will be automatically sent to the supervisor for completion of the supervisor rating forms. Links for the relevant forms are as follows:

- Placement planning form: https://go.qub.ac.uk/dclin-plan
- Mid placement self review form: https://go.qub.ac.uk/mid-self-review
- End of placement self review form: https://go.qub.ac.uk/end-placement-self-review

The trainee should upload other documents to the relevant Canvas module for the placement (e.g. the Health and Safety Checklist should be uploaded at the placement planning stage; completed observation forms and logbook, once signed and approved, should also be uploaded to Canvas following the end of the placement meeting). As with other coursework submissions trainees should exercise great care in ensuring that submitted material has been appropriately anonymised and any potentially identifying information has been removed.

4.5 Placement audit

As a course team, we are keen to hear from trainees about their experiences on placement, and it is also a BPS recommendation that trainees should have opportunities for providing feedback on the quality of placements and supervision. We therefore welcome trainee feedback on their placement experiences. A placement audit will be conducted during the year, looking at standards related to resources, placement planning and induction procedures, and experiences on placement. We would encourage trainees to be honest in their responses as the audit forms an important part of quality assurance within the course. Trainee feedback is

very much valued, to inform our understanding of what is working well as well as any areas for improvement.

In line with practice within many other DClinPsych programmes, feedback provided as part of this survey will be identifiable to the course team rather than anonymised going forward. This is in order to ensure that the programme team is able to effectively respond to any concerns raised. At the same time, identifiable trainee feedback will only be passed on to supervisors and Trust Liaison Clinical Psychologists where specific permission has been provided to do so, or where the concerns raised are deemed to be sufficiently significant to warrant overriding trainee preferences about information sharing. If this situation did arise, we would endeavour to discuss this with the trainee in question in the first instance.

Feedback from the placement audit survey will also be included as part of a brief summary report which will focus on broad trends and patterns rather than individual responses, and this report will not include identifying details. This will be shared with trainees, relevant placement supervisors, the DClinPsych course team, and the DClinPsych placement panel. A summary of trainee feedback within different Trusts will be provided to the relevant Trust Liaison Clinical Psychologists.

In general, if trainees have concerns relating to placements, these should be raised with their supervisor and with a member of the course team (clinical tutor or Clinical Director) in the first instance, and the audit should not be regarded as a substitute for these usual processes.

5. Assessment

5.1 Assessment of learning outcomes - End of Placement

To pass a placement the trainee must achieve an overall Pass mark. This will be assessed by the placement supervisor towards the end of the placement, in consultation with the trainee's clinical tutor (i.e., a member of the programme team at Queen's University Belfast). An important part of the clinical tutor role is acting as a 'moderator' for the placement. The role of a moderator here is to ensure that the assessment of a trainees competencies and marks awarded are appropriate, consistent, and fair. When assessing the trainees progress, the placement supervisor should carefully refer to the placement plan, relevant placement module learning outcomes (see the module descriptors in the appendices) and consult with the clinical tutor. If a fail is recommended, this will be considered by the Senior Programme Team at Queen's University Belfast and ratified at the Board of Examiners. If a trainee has failed a placement it must be retaken at the next suitable opportunity. Only one retake attempt will be permitted. Please note that retaking the placement (module) may not be possible immediately and the trainee might be required to take a period of temporary withdrawal from studies. For more detailed information on criteria and processes around placement failure, please refer to the 'Placement concerns process' (Appendix E).

5.2 Breaches of confidentiality in assignments

As part of the Clinical Psychology 1-3 taught modules, you will be writing about and submitting (or presenting on) one of your cases in each year of training. As such you have a duty to maintain confidentiality and not disclose details of people or places (including services) that could lead to identification of individuals, staff or settings/services as this would constitute a breach of confidentiality. Be aware also of unique characteristics that might lead to identification such as a rare disease or bespoke services. This is reinforced by HCPC Guidance on conduct and ethics for students which states, "You should remove anything that could be used to identify a service user or carer from information which you use in your assessments or other academic work related to your programme" (p12).

There are good articles available regarding anonymisation / pseudoanonymisation (e.g., Heaton, J. (2022). "*Pseudonyms Are Used Throughout": A Footnote, Unpacked. Qualitative Inquiry, 28(1), 123–132. https://doi.org/10.1177/10778004211048379 https://journals.sagepub.com/doi/full/10.1177/10778004211048379).

It is a breach of confidentiality to disclose any information about a patient, service user, colleague or staff member or any other person or place that could in principle lead to them being identified. It is also a breach of confidentiality to disclose information that has been given in confidence without prior express permission being obtained. This information applies to all written and oral presentations and appendices included within assignments. Markers will check assignment for breaches of confidentiality. If a breach of confidentiality is alleged, this will be passed onto the Academic Director who will discuss it with the relevant module co-ordinator. Further information on confidentiality in clinical coursework, and related penalties, is available in the Academic Handbook.

5.3 Breaches of confidentiality using university email accounts

Breaches of confidentiality using university email accounts during clinical placements, pose a significant concern. These breaches can inadvertently occur when trainees transmit patient-related information through their university email accounts. Trainees must understand the importance of keeping patient information securely stored within health service systems and following best practice from a health service information governance perspective. This involves adhering to strict protocols and guidelines for handling and storing patient data, ensuring encryption and secure access controls are in place, and abiding by the HSC principles of data protection and information security. This refers to any data transferred from the NHS to the University unless permissions are in place (e.g. Ethics) and covers both identifiable and non-identifiable information.

Appendix A: Example of a Placement Planning Form

Details

Trainee	Student Number
	3053322

Supervisor	Supervisor Email
Dr An Example	

Placement Number	Placement Specialty	Location
2	Child	Royal Belfast Hospital for Sick Children

Duration and Work Pattern

Begins	Ends	Days
17/04/2023	14/09/2023	Monday to Wednesday until June, then Monday to Thursday until the end of placement

Placement Experiences

Clinical Presentations	Primary Therapeutic Model	Secondary Therapeutic Model
Children (0 -18) and their families. Presentations include a range of difficulties and needs including adjustment difficulties, procedural anxiety, depression and difficulties regulating emotions. Children may also require various neurodevelopmental assessments including using WISC, TEA-Ch etc. See less	Cognitive and Behavioral	Systemic

Modes of Working	Service Delivery Systems	Psychometric Assessment
Multi-disciplinary team whereby work with children and young people (in addition to input from clinical psychology, it may include nurses, healthcare practitioners and medical specialists). Modes of working will likely include a mixture of direct and indirect working (i.e. consultancy). This will also likely be on an individual, family and systemic basis (i.e. involving liaison with family, schools, medical system, and the wider system around a child and family). See less	Children and families will mainly be seen in the outpatient clinic but there may be opportunities for inpatient work.	- Psychometric assessments as appropriate, for example, WISC, WAIS, TEA-Ch.

EDI Considerations Relevant to this Placement Setting

The trainee should consider how diverse service user backgrounds (e.g., ethnicity, socio-economic status, gender, and disability) may impact their experience of care. They should be aware of potential barriers to accessing services (e.g., language, digital exclusion), ensure inclusive practices, and engage with relevant third-sector services to support equity of care. The trainee should also focus on creating a safe and supportive environment for all service users by recognising individual needs and advocating for adjustments when necessary.

Research

Research will not be a formal requirement on this placement, however there may be opportunities to be involved in a quality improvement being conducted in the service.

Work Model

Deliver training to the wider team in relation to functional presentations. There should be opportunities to gain experience of consulting with the cardiology team (working with staff in Clark Clinic to support children and families).

Engagement with Service Users

Opportunities to be involved in a project seeking service users (children and families) opinions on the care provided within the service. There is an opportunity to get service users views on the attending the service remotely (via Teams and Zoom). Linking in with relevant third sector services (e.g. Children's Heartbeat Trust).

See less

Other Experiences

Experience will also be gained in the following areas –
- Inter-professional working as part of an MDT team (medical staff, nurses,
occupational therapy).
- Consulting into the system surrounding the child and family, as required.
- Inter-agency liaison as required.

See less

Supervision and Training Plan

Supervision Schedule

Formal weekly supervision for 90 minutes will be arranged in diaries and ad hoc supervision will be available as required.

Mutual Observation Plan

There will be an opportunities to observe, and be observed, in all areas of work (clinical sessions, consultations, meetings and psychometric assessment). Observations will occur through both direct and joint working.

Supervision Model

The seven-eyed supervision model. We will meet for formal supervision for 1.5hrs per week, ad-hoc available as required. Supervision will be an opportunity to reflect, discuss cases and seek guidance on clinical work and other issues such as working with an multidisciplinary team, process issues when working with children and young people/families etc.

See less

Trainee Goals

- Gain experience integrating systemic and CBT approaches with children and families.
- Further develop assessment and formulation skills.
- If the opportunity arises to gain experience of hypothesis driven neuropsychology / psychometric testing.

Knowledge Base

Andersson, G., Gillberg, C., & Miniscalco, C. (2013) Pre-school children with suspected autism spectrum disorders: Do girls and boys have the same profiles? Research in Developmental Disabilities, 34, 413-422.

Carr, A. (2015). The handbook of child and adolescent clinical psychology: A contextual approach. Routledge.

Graham, P. & Reynolds, S. (2013). Cognitive Behaviour Therapy for Children and Families. New York: Cambridge University Press.

Arrangements for Consent

This is an example form. Detailed information would be included here.

Alternative Supervision

Dr Example will be available and their contact details are...

See more

Checks

Policies Reviewed

Yes

Health and Safety Checklist Reviewed

Yes

Honorary Contract Attained

Not Applicable

Mid-Placement Meeting Date

Enter value here

Clinical Tutor

Tutor Name

Dr An Example

Remarks

This is an example form. Detailed information would be included here.

System

Title

Placement 2

Apply label

Choose a label

Appendix B: Mid and End of Placement Forms

These are only examples – the forms are all completed online, and a link will be provided during the placement.

Doctorate of Clinical Psychology: Mid-Placement Review

Review

Trainee: An Example

Placement: 1, Mid-Placement

Reviewed by: Dr An Example, 20/06/2023

Evaluation

Scale:
5 = Exceeding expected level of competence given the stage of training
4 = Highly competent given the stage of training
3 = Competent given the stage of training
2 = Below expected level of competence given the stage of training
1 = Significantly below the level of competence expected at this stage of training

Generalisable Meta-Competencies

Capacity to draw on psychological knowledge and thinking:
4

Generalising and synthesising prior knowledge and experience:
3

Ability to make decisions and judgements of complex issues:
4

Ability to collaborate with service users, carers and others in advancing psychological initiatives:
3

Category Average: 3.5

Comments:
This is an example. The supervisor would provide feedback to the learner / trainee here.

Psychological Assessment

Form and maintain effective alliances:
4

Ability to choose, use and interpret a broad range of assessment methods:
3

Competence in procedures related to the administration of measures, interviews etc:
4

Understanding and using psychometric theory:
3

Risk assessment:
4

Category Average: 3.6

Comments:
This is an example. The supervisor would provide feedback to the learner / trainee here.

Psychological Formulation

Ability to develop formulations based on theory and evidence:
3

Ability to develop formulation from multiple theoretical models:
4

Capacity to construct a formulation collaboratively:
3

Reflecting on and revising formulations if necessary:
4

Category Average: 3.5

Comments:
This is an example. The supervisor would provide feedback to the learner / trainee here.

Psychological Intervention

Therapeutic Process and Skills:
2

Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic):
2

Evaluation and Recognising Limits of Therapy:
3

Category Average: 2.3

Comments:
This is an example. The supervisor would provide feedback to the learner / trainee here.

Evaluation

Capacity to monitor outcomes across different dimensions of functioning:

4

Utilise outcome data to reflect on personal and organisational practice:

3

Knowledge of outcome frameworks:

3

Knowledge of psychometric theory:

4

Category Average: 3.5

Comments:

This is an example. The supervisor would provide feedback to the learner / trainee here.

Research

Evidence relevant to practice:

3

Service evaluation/audit:

4

Category Average: 3.5

Comments:

This is an example. The supervisor would provide feedback to the learner / trainee here.

Personal and Professional Skills and Values

Ability to use feedback and manage learning needs:

4

Work organisation and time management:

3

Interpersonal relationships:

4

Personal development:

3

Category Average: 3.5

Communication and Teaching

Clarity and effectiveness:
4

Ability to adapt style to context:
3

Use and understanding of supervision:
4

Written communication (including records):
5

Category Average: 4.0

Comments:
This is an example. The supervisor would provide feedback to the learner / trainee here.

Organisational and Systemic Influence and Leadership

Ability to adapt and contribute to organisation:
4

Indirect influence of service deliver:
3

Leadership:
4

Recognise and respond to unethical practice:
4

Category Average: 3.7

Comments:
This is an example. The supervisor would provide feedback to the learner / trainee here.

Supervision

Supervisors are asked to state your time supervision and in mutual observation, along with comments on your use of supervision, and targets for the remainder of the placement.

Record Up to Date: Yes

Doctorate of Clinical Psychology: End of Placement Self-Review

Trainee

Name:	An Example
Student Number:	3053322
Placement Number:	1
Reviewed:	20/06/2023

Evaluation

Scale:
5 = Exceeding expected level of competence given the stage of training
4 = Highly competent given the stage of training
3 = Competent given the stage of training
2 = Below expected level of competence given the stage of training
1 = Significantly below the level of competence expected at this stage of training

Generalisable Meta-Competencies

Capacity to draw on psychological knowledge and thinking:
4

Generalising and synthesising prior knowledge and experience:
5

Ability to make decisions and judgements of complex issues:
5

Ability to collaborate with service users, carers and others in advancing psychological initiatives:
4

Category Average: 4.5

Comments:
This is just an example of a completed form. The learner / trainee would provide comments here.

Psychological Assessment

Form and maintain effective alliances:
5

Ability to choose, use and interpret a broad range of assessment methods:

4

Competence in procedures related to the administration of measures, interviews etc:

3

Understanding and using psychometric theory:

4

Risk assessment:

5

Category Average: 4.2

Comments:

This is just an example of a completed form. The learner / trainee would provide comments here.

Psychological Formulation

Ability to develop formulations based on theory and evidence:

5

Ability to develop formulation from multiple theoretical models:

5

Capacity to construct a formulation collaboratively:

5

Reflecting on and revising formulations if necessary:

5

Category Average: 5.0

Comments:

This is just an example of a completed form. The learner / trainee would provide comments here.

Psychological Intervention

Therapeutic Process and Skills:

4

Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic):

5

Evaluation and Recognising Limits of Therapy:

5

Category Average: 4.6

Comments:

Evaluation

Capacity to monitor outcomes across different dimensions of functioning:

5

Utilise outcome data to reflect on personal and organisational practice:

4

Knowledge of outcome frameworks:

5

Knowledge of psychometric theory:

4

Category Average: 4.5

Comments:

This is just an example of a completed form. The learner / trainee would provide comments here.

Research

Evidence relevant to practice:

5

Service evaluation/audit:

5

Category Average: 5.0

Comments:

This is just an example of a completed form. The learner / trainee would provide comments here.

Personal and Professional Skills and Values

Ability to use feedback and manage learning needs:

5

Work organisation and time management:

5

Interpersonal relationships:

4

Personal development:

5

Category Average: 4.7

Comments:

This is just an example of a completed form. The learner / trainee would provide comments here.

Communication and Teaching

Clarity and effectiveness:
4

Ability to adapt style to context:
5

Use and understanding of supervision:
4

Written communication (including records):
5

Category Average: 4.5

Comments:
This is just an example of a completed form. The learner / trainee would provide comments here.

Organisational and Systemic Influence and Leadership

Ability to adapt and contribute to organisation:
4

Indirect influence of service deliver:
5

Leadership:
4

Recognise and respond to unethical practice:
5

Category Average: 4.5

Comments:
This is just an example of a completed form. The learner / trainee would provide comments here.

Trainee Comments

Experience Summary
This is just an example of a completed form. The learner / trainee would provide comments here.

Meeting of Objectives
This is just an example of a completed form. The learner / trainee would provide comments here.

Feedback Collection
This is just an example of a completed form. The learner / trainee would provide comments here.

Supervision Arrangements
This is just an example of a completed form. The learner / trainee would provide comments here.

Observing Supervisor
This is just an example of a completed form. The learner / trainee would provide comments here.

Being Observed by Supervisor
This is just an example of a completed form. The learner / trainee would provide comments here.

Future Objectives
This is just an example of a completed form. The learner / trainee would provide comments here.

Closing Comments
This is just an example of a completed form. The learner / trainee would provide comments here.

Formal Supervision Hours: 28

Mutual Observation Hours: 4

This is an example. The supervisor would provide feedback here.

Forward Plan
This is an example. The supervisor would provide feedback here.

Doctorate of Clinical Psychology: End of Placement Review

Review

Trainee: An Example

Placement: 1, End of Placement

Reviewed by:

Evaluation

Scale:
5 = Exceeding expected level of competence given the stage of training
4 = Highly competent given the stage of training
3 = Competent given the stage of training
2 = Below expected level of competence given the stage of training
1 = Significantly below the level of competence expected at this stage of training

Generalisable Meta-Competencies

Capacity to draw on psychological knowledge and thinking:
5

Generalising and synthesising prior knowledge and experience:
4

Ability to make decisions and judgements of complex issues:
5

Ability to collaborate with service users, carers and others in advancing psychological initiatives:
5

Category Average: 4.7

Comments:
This an example. The supervisor would input feedback for the learner / trainee here.

Psychological Assessment

Form and maintain effective alliances:
5

Ability to choose, use and interpret a broad range of assessment methods:
5

Competence in procedures related to the administration of measures, interviews etc:

5

Understanding and using psychometric theory:

4

Risk assessment:

5

Category Average: 4.8

Comments:

This an example. The supervisor would input feedback for the learner / trainee here.

Psychological Formulation

Ability to develop formulations based on theory and evidence:

5

Ability to develop formulation from multiple theoretical models:

5

Capacity to construct a formulation collaboratively:

5

Reflecting on and revising formulations if necessary:

5

Category Average: 5.0

Comments:

This an example. The supervisor would input feedback for the learner / trainee here.

Psychological Intervention

Therapeutic Process and Skills:

5

Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic):

5

Evaluation and Recognising Limits of Therapy:

5

Category Average: 5.0

Comments:

This an example. The supervisor would input feedback for the learner / trainee here.

Evaluation

Capacity to monitor outcomes across different dimensions of functioning:

4

Utilise outcome data to reflect on personal and organisational practice:

5

Knowledge of outcome frameworks:

4

Knowledge of psychometric theory:

4

Category Average: 4.2

Comments:

This an example. The supervisor would input feedback for the learner / trainee here.

Research

Evidence relevant to practice:

5

Service evaluation/audit:

5

Category Average: 5.0

Comments:

This an example. The supervisor would input feedback for the learner / trainee here.

Personal and Professional Skills and Values

Ability to use feedback and manage learning needs:

4

Work organisation and time management:

5

Interpersonal relationships:

4

Personal development:

5

Category Average: 4.5

Comments:

This an example. The supervisor would input feedback for the learner / trainee here.

Communication and Teaching

Clarity and effectiveness:

5

Ability to adapt style to context:

5

Use and understanding of supervision:

5

Written communication (including records):

5

Category Average: 5.0

Comments:

This an example. The supervisor would input feedback for the learner / trainee here.

Organisational and Systemic Influence and Leadership

Ability to adapt and contribute to organisation:

5

Indirect influence of service deliver:

5

Leadership:

5

Recognise and respond to unethical practice:

5

Category Average: 5.0

Comments:

This an example. The supervisor would input feedback for the learner / trainee here.

Placement Record

Placement Days:	144
Sick Leave:	0
Other Leave:	10

Logbook Validated: Yes

Special Circumstances

This an example. The supervisor would input feedback for the learner / trainee here.

Assessment

Clinical Work

This an example. The supervisor would input feedback for the learner / trainee here.

Communications Assessed

This an example. The supervisor would input feedback for the learner / trainee here.

Trainee Observation

This an example. The supervisor would input feedback for the learner / trainee here.

Result

Placement Fulfillment

Yes

Summary

This an example. The supervisor would input feedback for the learner / trainee here.

Overall Evaluation

Pass

Appendix C: Terms of Reference for Placement Panel

Placement Panel Aims and Objectives

The aim of the Placement Panel is to provide advice and guidance to the Programme team regarding practice based learning modules content informed by new developments related to teaching and research.

Specifically, the placement panel will:

- Undertake and / or coordinate regular reviews of placement requirements, guidelines for specialist placements, clinical supervision guidelines and placement monitoring protocols and to advise the Board of Studies and course team of conclusions.
- Formulate and make recommendations to the Board of Studies and course team regarding programmes of supervisor training.
- Advise the course team on aspects of the university curriculum which are required in order to best prepare trainees for general and specialist clinical placements.
- Help ensure that, in overall aims and structure, the placement component of the training course in Clinical Psychology remains relevant to the training needs of clinical psychology in Northern Ireland and meets the standards required for professional accreditation.
- Facilitate liaison between training liaison psychologists and the clinical training course.
- Inform and advise the course on developments in clinical practice which should inform or be incorporated into placement planning and clinical training. To review the placement guidance issued by the Division of Clinical Psychology (DCP) faculties and special interest groups (including the regional groups) and make recommendations to the course.

Membership

The following shall be members of the Placement Panel; membership of the placement panel will be reviewed annually.

- The Placement Coordinator (usually a member of the programme staff team).
- The Clinical Tutor Team
- Training Liaison Psychologists or Service Manager (or representative) for each of the various DHSSPS health trusts in Northern Ireland.
- Up to four additional supervisor members may be co-opted onto the panel to ensure that membership reflects the range of placement specialisms in the region.
- A trainee representative. This will be the second year Board of Studies representative.

Meetings

Meetings should take place at least twice a year and in advance of the Board of Studies meetings in December and May/June. Additional meetings may be called as necessary by two or more members in consultation with the Chair. The committee will report to Board of Studies. Meetings should be chaired by the clinical director. Agendas for meetings will be circulated at least one week before the meeting with a call for items for the agenda at least 2 – 3 weeks before. The Course Administrator will arrange for admin staff to take minutes for the meeting with these being circulated to members for any corrections.

Appendix D: Module Descriptors

Module Title: Placement 1 – Foundations of Psychological Therapy

Code: PSY9016

Core Information

Min Students	**6**	**Managed By**	**Dr Olwyn Matier**
Max Students	**30**		
CATS Points	**65**	**Taught By**	**Various**
UG/PG	**Postgraduate**		
JACS Subject	**C842**		
Course Level	**Year 1**		
Taught/Research	**Research**		

Course Contents
This module consists of practice based learning focused primarily on students gaining competence working with Adult and Older Adult populations presenting with psychological and emotional distress and specified mental ill health conditions.

Skills
Students will develop competence in a primary therapeutic modality during this year long placement which draws on Cognitive-Behavioural (CBT) therapeutic approaches. The competence model for CBT (Roth and Pilling, 2008) will be utilised to guide students in their development of therapeutic skills.

Descriptive Information

Compulsory Elements

All of the course elements

Learning Outcomes

Trainees are expected to acquire and evidence the following competencies in an Adult/Older Adult population presenting with psychological and emotional distress and specified mental ill health conditions while operating from predominately cognitive and behavioural techniques as specified in the competence model for CBT:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of adults/older adults. Demonstrate competence to work effectively with Adult and/or Older Adult clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the

client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients (e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.

2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.

3. Specific therapeutic techniques – Demonstrate a knowledge of cognitive and behavioural approaches to treating mental health problems and psychological/emotional distress of adults/older adults including exposure techniques, applied relaxation and applied tension, activity monitoring and scheduling

4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.

5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.

6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.

7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.

8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.

9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.

10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to

different organisational contexts for service delivery. Know what is required to influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

Teaching Methods

Contact Teaching Methods		
Contact Type	**Number of Contacts**	**Total Duration in Hours**
Clinical Practice	**1**	**620**
Supervision	**30**	**30**
Non - Contact Teaching Methods		
Contact Type	**Number of Contacts**	
Fieldwork	**1**	

Assessment

Exam Session		
Profile 1		
Element Type	**Weight(%)**	**Duration**
Clinical Practice Assessment of clinical competencies	**100**	

To pass the module you must achieve an overall Pass mark as determined by assessed rating of competencies related to the learning outcomes of the placement. Where a placement module is failed it must be retaken and passed.

Links

Pre-requisites **None**
Co-requisites **PSY9011; PSY9012; PSY9013; PSY9014; PSY9015**
Supplementary Notes **The notional time for this module is 650 hours. This comprises client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.**

Module Title: Placement 2

Code: PSY9022

Core Information

Min Students	**6**	**Managed By**	**Dr Olwyn Matier**
Max Students	**30**		
CATS Points	**55**	**Taught By**	**Various**
UG/PG	**Postgraduate**		
JACS Subject	**C842**		
Course Level	**Year 2**		
Taught/Research	**Research**		

Course Contents

This module consists of practice based learning focused primarily on students gaining competence working in Child and Family, Neuropsychology and/or Intellectual Disability settings with those presenting with psychological and emotional distress and specified mental ill health conditions.

Skills
Students will develop competence in Systemic and other therapeutic approaches relevant to the clinical setting/client group during this 6-month placement. The relevant competence frameworks (Roth and Pilling, 2008) or standard competency rating tools relevant to the clinical setting will be utilised to guide students in their development of therapeutic skills.

Descriptive Information

Compulsory Elements

All of the course elements

Learning Outcomes

Students are expected to acquire and evidence the following competencies in Adult and/or Older Adult and/or Children and/or Adolescents presenting with psychological and emotional distress and specified mental ill health conditions while operating from predominately Systemic approaches or approaches relevant to the clinical setting:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of adults/older adults/children/adolescents. Demonstrate competence to work effectively with Adult and/or Older Adult and/or Child and/or Adolescent clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients

(e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.

2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.

3. Specific therapeutic techniques – Demonstrate a knowledge of systemic or other relevant therapeutic approaches to treating mental health problems and psychological/emotional distress of adults/older adults/children and adolescents.

4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.

5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.

6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.

7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.

8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.

9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.

10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to different organisational contexts for service delivery. Know what is required to influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

Teaching Methods

Contact Teaching Methods		
Contact Type	**Number of Contacts**	**Total Duration in Hours**
Clinical Practice	**1**	**470**
Supervision	**30**	**30**
Non - Contact Teaching Methods		
Contact Type	**Number of Contacts**	
Fieldwork	**1**	

Assessment

Exam Session		
Profile 1		
Element Type	**Weight(%)**	**Duration**
Clinical Practice Assessment of clinical competencies	**100**	

To pass the module you must achieve an overall **Pass** mark. This will equate to achieving an overall minimum rating of 3 in each competence relevant to the placement experience. Where a placement module is Failed overall, it must be retaken in its entirety at the next suitable opportunity. Only one retake attempt will be permitted. **Please note** that retaking the module may not be possible immediately and the student might be required to take a period of temporary withdrawal from studies.

Links

Pre-requisites **PSY 9011, 9012, 9013, 9014, 9015, 9016**
Co-requisites **PSY9017; PSY9018; PSY9019; PSY9020; PSY9021, PSY9023**
Supplementary Notes **The notional time for this module is 550 hours. This comprises Client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.**

Module Title: Placement 3

Code: PSY9023

Core Information

Min Students	**6**	**Managed By**	**Dr Olwyn Matier**
Max Students	**30**		
CATS Points	**50**	**Taught By**	**Various**
UG/PG	**Postgraduate**		
JACS Subject	**C842**		
Course Level	**Year 2**		
Taught/Research	**Research**		

Course Contents

This module consists of practice based learning focused primarily on students gaining competence working in Child and Family, Neuropsychology and/or Intellectual Disability settings with those presenting with psychological and emotional distress and specified mental ill health conditions.

Skills
Students will develop competence in Systemic and other therapeutic approaches relevant to the clinical setting/client group during this 6-month placement. The relevant competence frameworks (Roth and Pilling, 2008) or standard competency rating tools relevant to the clinical setting will be utilised to guide students in their development of therapeutic skills.

Descriptive Information

Compulsory Elements

All of the course elements

Learning Outcomes

Students are expected to acquire and evidence the following competencies in Adult and/or Older Adult and/or Child presenting with psychological and emotional distress and specified mental ill health conditions while operating from predominately Systemic approaches or approaches relevant to the clinical setting:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of adults/older adults/children/adolescents. Demonstrate competence to work effectively with Adult and/or Older Adult and/or Child and/or Adolescent clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients

(e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.

2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.

3. Specific therapeutic techniques – Demonstrate a knowledge of cognitive and behavioural approaches to treating mental health problems and psychological/emotional distress of adults/older adults including exposure techniques, applied relaxation and applied tension, activity monitoring and scheduling

4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.

5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.

6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.

7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.

8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.

9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.

10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to different organisational contexts for service delivery. Know what is required to

influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

Teaching Methods

Contact Teaching Methods		
Contact Type	**Number of Contacts**	**Total Duration in Hours**
Clinical Practice	**1**	**500**
Supervision	**20-30**	**20-30**
Non - Contact Teaching Methods		
Contact Type	**Number of Contacts**	
Fieldwork	**1**	

Assessment

Exam Session		
Profile 1		
Element Type	**Weight(%)**	**Duration**
Clinical Practice Assessment of clinical competencies	**100**	

To pass the module you must achieve an overall **Pass** mark. This will equate to achieving an overall minimum rating of 3 in each competence relevant to the placement experience. Where a placement module is Failed overall, it must be retaken in its entirety at the next suitable opportunity. Only one retake attempt will be permitted. **Please note** that retaking the module may not be possible immediately and the student might be required to take a period of temporary withdrawal from studies.

Links

Pre-requisites **PSY 9011, 9012, 9013, 9014, 9015, 9016**
Co-requisites **PSY9017; PSY9018; PSY9019; PSY9020; PSY9021, PSY9022**
Supplementary Notes **The notional time for this module is 500 hours. This comprises Client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.**

Module Title: Placement 4 - Specialist

Code: PSY9027

Core Information

Min Students	**6**	**Managed By**	**Dr Olwyn Matier**
Max Students	**30**		
CATS Points	**50**	**Taught By**	**Various**
UG/PG	**Postgraduate**		
JACS Subject	**C842**		
Course Level	**Year 3**		
Taught/Research	**Research**		

Course Contents

This module consists of practice based learning focused primarily on students gaining competence working with Specialist populations presenting with psychological and emotional distress and specified mental ill health conditions.

Skills
Students will develop competence a range of therapeutic approaches relevant to the clinical setting during this 6-month placement. The relevant competence frameworks (Roth and Pilling, 2008) or standard competency tools relevant to the clinical setting will be utilised to guide students in their development of therapeutic skills.

Descriptive Information

Compulsory Elements

All of the course elements

Learning Outcomes

Students are expected to acquire and evidence the following competencies in Adult and/or Older Adult and/or Child presenting with psychological and emotional distress and specified mental ill health conditions while operating from evidenced-based therapy approaches relevant to the clinical setting:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of adults/older adults and/or child populations. Demonstrate competence to work effectively with Adult and/or Older Adult and/or Child clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients

(e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.

2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.

3. Specific therapeutic techniques – Demonstrate a knowledge of evidenced-based therapies for treating mental health problems and psychological/emotional distress across the lifespan.

4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.

5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.

6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.

7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.

8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.

9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.

10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to different organisational contexts for service delivery. Know what is required to influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

Teaching Methods

Contact Teaching Methods		
Contact Type	**Number of Contacts**	**Total Duration in Hours**
Clinical Practice	**1**	**500**
Supervision	**20-30**	**20-30**
Non - Contact Teaching Methods		
Contact Type	**Number of Contacts**	
Fieldwork	**1**	

Assessment

Exam Session		
Profile 1		
Element Type	**Weight(%)**	**Duration**
Clinical Practice Assessment of clinical competencies	**100**	

To pass the module you must achieve an overall **Pass** mark. This will equate to achieving an overall minimum rating of 3 in each competence relevant to the placement experience. Where a placement module is Failed overall, it must be retaken in its entirety at the next suitable opportunity. Only one retake attempt will be permitted. **Please note** that retaking the module may not be possible immediately and the student might be required to take a period of temporary withdrawal from studies.

Links

Pre-requisites 9011, 9012, 9013, 9014, 9015, 9016, 9017, 9018, 9019, 9020, 9021, 9022, 9023
Co-requisites **PSY9024; PSY9025; PSY9026; PSY9028;**
Supplementary Notes **The notional time for this module is 500 hours. This comprises Client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.**

Module Title: Placement 5 - Specialist

Code: PSY9028

Core Information

Min Students	**6**	**Managed By**	**Dr Olwyn Matier**
Max Students	**30**		
CATS Points	**50**	**Taught By**	**Various**
UG/PG	**Postgraduate**		
JACS Subject	**C842**		
Course Level	**Year 3**		
Taught/Research	**Research**		

Course Contents

This module consists of practice based learning focused primarily on students gaining competence working with Specialist populations presenting with psychological and emotional distress and specified mental ill health conditions.

Skills
Students will develop competence a range of therapeutic approaches relevant to the clinical setting during this 6-month placement. The relevant competence frameworks (Roth and Pilling, 2008) or standard competency tools relevant to the clinical setting will be utilised to guide students in their development of therapeutic skills.

Descriptive Information

Compulsory Elements

All of the course elements

Learning Outcomes

Students are expected to acquire and evidence the following competencies in Adult and/or Older Adult and/or Child presenting with psychological and emotional distress and specified mental ill health conditions while operating from evidenced-based therapy approaches relevant to the clinical setting:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of adults/older adults and/or child populations. Demonstrate competence to work effectively with Adult and/or Older Adult and/or Child clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients

(e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.

2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.

3. Specific therapeutic techniques – Demonstrate a knowledge of evidenced-based therapies for treating mental health problems and psychological/emotional distress across the lifespan.

4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.

5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.

6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.

7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.

8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.

9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.

10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to different organisational contexts for service delivery. Know what is required to influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

Teaching Methods

Contact Teaching Methods		
Contact Type	**Number of Contacts**	**Total Duration in Hours**
Clinical Practice	**1**	**500**
Supervision	**20-30**	**20-30**
Non - Contact Teaching Methods		
Contact Type	**Number of Contacts**	
Fieldwork	**1**	

Assessment

Exam Session		
Profile 1		
Element Type	**Weight(%)**	**Duration**
Clinical Practice Assessment of clinical competencies	**100**	

To pass the module you must achieve an overall **Pass** mark. This will equate to achieving an overall minimum rating of 3 in each competence relevant to the placement experience. Where a placement module is Failed overall, it must be retaken in its entirety at the next suitable opportunity. Only one retake attempt will be permitted. **Please note** that retaking the module may not be possible immediately and the student might be required to take a period of temporary withdrawal from studies.

Links

Pre-requisites 9011, 9012, 9013, 9014, 9015, 9016, 9017, 9018, 9019, 9020, 9021, 9022, 9023
Co-requisites PSY 9024, 9025, 9026, 9027,
Supplementary Notes **The notional time for this module is 500 hours. This comprises Client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.**

Appendix E: QUB DClinPsych placement concerns process

MANAGING PLACEMENT CONCERNS

In the majority of cases, clinical placements are a positive experience for the trainees, supervisors, services, and clients involved. At the same time, unexpected situations can at times arise, and in such instances it is important that both trainees and supervisors have a clear understanding of the support they can expect and the processes to be followed. Given the varied nature of concerns that may arise in relation to placements, the current document does not attempt to capture every possible scenario but rather to ensure that general processes for responding to such concerns are clear, transparent, and supportive. As such, recommendations should be implemented flexibly in response to the specific issues arising. It should be noted that the guidance below relates to exceptional circumstances, and does not reflect usual trainee experiences.

Concerns may potentially arise in relation to trainees, supervisors, or the suitability of placement settings. The guidance below is designed to complement existing routine processes around placement quality assurance and monitoring of trainee progress (e.g. placement audit survey, placement planning forms, placement review meetings, placement panel meetings), as well as existing procedures for addressing trainee wellbeing (e.g. QUB Student Support Protocol). It should be noted that most concerns are managed and resolved through routine processes, particularly the mid placement review meetings.

When raising and addressing placement concerns, the programme encourages an approach underpinned by values of openness, transparency, respect, and professionalism in communication. In general, a preventative approach to anticipating and managing potential concerns is emphasized in terms of attending to factors such as trainee preparation for placement, placement planning and monitoring processes, relationships between trainees/supervisors/the programme team, supervisor training provision, and wider placement quality assurance processes. The likelihood of difficulties arising can be reduced by emphasising clear communication, mutual understanding and collaborative working in relation to trainee, supervisor, and service needs and expectations from the outset. Realistic and honest supervisor feedback on trainee competencies is also vital throughout the course of training, if competency issues are to be identified and addressed in a timely fashion. Early intervention is encouraged, with concerns being raised and addressed at an early stage and (where appropriate) on an informal basis through discussion and development of an appropriate and agreed plan of action. A reflective approach and promotion of a learning culture is also encouraged, with efforts made to identify learning points from any difficulties arising in order to minimise the likelihood of recurrence. Generosity of perspective may also at times be beneficial, in terms of acknowledging the very real and multiple pressures and demands which may impact on the workplace performance of both trainees and supervisors.

Responses to placement concerns should be guided by relevant professional practice and training guidance. This includes the British Psychological Society/BPS Code of Ethics and Conduct, BPS Practice Guidelines, BPS Supervision Guidance for Psychologists, BPS Guidelines on Clinical Supervision of Trainee Clinical Psychologists, BPS Standards for the Accreditation of Doctoral Programmes in Clinical Psychology, Health and Care Professions Council / HCPC Standards of Proficiency for Practitioner Psychologists, HCPC Standards of Conduct, Performance and Ethics, HCPC Standards of Education and Training, and HCPC Guidance on Conduct and Ethics for Students. Relevant Trust policies should also be consulted where needed (e.g. these may include policies around managing stress at work, and managing conflict in the workplace).

Information may be shared within the DClinPsych programme team in order to ensure appropriate and timely responses to issues arising on placement. At times issues may arise which cannot be resolved via liaison with the programme team alone, and in such instances it may be necessary to involve other parties such as Trust management, Business Services Organisation/ BSO Human Resources, Occupational Health, staff from the wider School of Psychology or University, or regulatory bodies such as HCPC. Information may be shared regarding a student about whom there are concerns in line with Queen's Student Privacy Notice (which allows sharing of information in order to administer disciplinary, complaint and quality assurance processes, as well as to ensure the health, safety and wellbeing of staff and students).

Consideration will be given to trainee and supervisor wishes regarding information sharing, and staff are mindful of the potential sensitivity of personal information which may be discussed in relation to placement concerns. Information will only be shared without the consent of the relevant party where this is deemed necessary due to the significance, severity, or risks posed by issues arising. If this should occur, the individuals concerned will be made aware of the information that has been shared and with whom it has been shared. Responses to concerns should be balanced and proportionate, and guided by an assessment of severity and risks. It should be noted that raising concerns on an anonymous basis, or requesting that information is not shared with relevant parties, can limit the ability of the programme team to respond effectively to the information provided. At times it may still be necessary to share and act on this information even without the consent of the disclosing party.

Responding to concerns about a trainee

Supervisors may at times experience concerns about a trainee they are supervising on placement, in terms of matters such as trainee wellbeing and support needs, fitness to practice, performance related issues, possible placement failure, ethical concerns, breach of professional standards, or other issues relating to professional practice, governance or risk. In terms of professional conduct, trainees are expected to adhere to relevance HCPC guidance including the HCPC Guidance on Conduct and Ethics for Students.

In line with BPS guidance on the supervision of clinical psychology trainees, supervisors are encouraged to raise any such concerns at the earliest opportunity with the trainee and the trainee's clinical tutor. If it would not be appropriate to wait until the next scheduled placement review meeting to discuss the concerns (due to severity or urgency of issues arising), the date of the trainee's next placement review meeting should be brought forward to facilitate early consideration and proactive responses to any issues arising. A clear written action plan should be developed at the meeting, including definition and operationalisation of the issue to be addressed, clear expectations around changes to be made by the trainee and related timescales, and supports available to the trainee from others such as the supervisor (e.g. increased observation and joint working, increased frequency of supervision). Timepoints for review should be set and further meetings booked as required. The clinical tutor will play a key role in this process, and will liaise with other members of the programme team where necessary (e.g. Clinical Director, Programme Director).

At times, depending on the severity of the difficulties encountered, it may be appropriate for others to join meetings to discuss concerns relating to a trainee (e.g. DClinPsych Clinical Director or Programme Director, the supervisor's line manager or team lead). The role of the DClinPsych programme team members is to facilitate discussions in order to ensure that an in depth understanding is available regarding the context of the concern, contributing factors, and the perspectives and needs of all involved parties, as well as facilitating development of a clear action plan (in line with any relevant professional practice guidance and university requirements) and timetable for review. Discussions will be informed by an overview of the

trainee's progress within training as a whole, and BPS requirements around provision of practice-based learning. Any significant concerns regarding trainee professional practice should be communicated to their next placement supervisor; this will usually be via documentation in the supervisor's end of placement review form and handover from the clinical tutor.

Serious unethical or unprofessional conduct on the part of trainee should be communicated to the DClinPsych Clinical Director and Programme Director, and may result in trainee suspension from placement and potentially a recommendation for placement failure.

Trainee wellbeing and support:
Where issues arise in relation to trainee wellbeing, trainees will be encouraged to avail of appropriate supports such as the QUB Student Wellbeing Service. Staff can complete a referral form if concerned about a trainee: Staff Contact us Form | Student Centre | Queen's University Belfast. Relevant information is available within the QUB Student Support Protocol. Trainees may also seek support from their own GP, and Occupational Health.

Where difficulties relating to wellbeing are impacting on progress within training, it may also be appropriate to avail of support from DClinPsych programme team members including personal tutor, Year group tutor, Module coordinators, and Clinical Director, as well as relevant staff within the School of Psychology more broadly (e.g. Advisor of Studies, Student Support Officer).

Reasonable adjustments:
If reasonable adjustments have been specified in relation to a trainee's placements (e.g. via Occupational Health or QUB Accessible Learning Support), these should be clearly communicated to placement providers (with trainee consent). If for any reason trainees do not wish reasonable adjustments to be communicated to their placement supervisor, they should advise their clinical tutor of this at the point of placement allocation. However the potential disadvantages of choosing not to disclose this information should be held in mind, in terms of implications for provision of appropriate supports and accurate assessment of clinical competencies. Trainees should be aware that if they would like reasonable adjustments to be taken into account during their placement, they should discuss these with their clinical tutor and supervisor at the point of placement allocation and during the placement planning process. Difficulties can potentially arise if recommended adjustments are disclosed only after placement plans have been finalised or clinical competencies have been evaluated.

The programme team should adhere to guidance around best practice in relation to trainee reasonable adjustments, as outlined by the Group of Trainers in Clinical Psychology (available on the GTiCP padlet). This includes considering how best to interpret and apply advice from relevant advisors within the context of the placement and parameters of the trainee job role (e.g. with reference to the trainee Job Description and HCPC standards of proficiency), determining the reasonableness of requested adjustments within these contexts, and liaising with the trainee and supervisor accordingly around appropriate placement planning. In line with the BPS Standards for the Accreditation of Doctoral Programmes in Clinical Psychology (2025), reasonable adjustments should apply to the process of assessment and not to the competencies being assessed. The BPS Accreditation Standards note that it may not be reasonable to accommodate adjustments which would meaningfully compromise the trainee's ability to develop the expected competencies. This might include, for example, requests involving a meaningful reduction in exposure to direct clinical work, a reduction in exposure to the full range of competency areas on placement, or implementation of a lower competency standard for assessing performance.

Possible placement failure:
Placement failure may be considered where a trainee has shown significant and / or persistent failings in one of the competency areas covered by the placement review form (based on the overall score for the competency falling below 3 out of 5), or has failed to complete sufficient work for competence to be assessed.

When considering potential placement failure, a number of factors should be considered by the supervisor and the trainee's clinical tutor. These include, for example:

- The degree, severity, and frequency of occurrence of the issue.
- Whether concerns have been raised at a sufficiently early stage to enable provision of appropriate support and implementation of a clear action plan for improvement.
- Whether concerns regarding trainee competencies are global or relate only to a few specific sub-competencies, and the significance of the relevant sub-competencies (e.g. in terms of whether these are central to ability to function in the clinical role). In some cases it may be deemed appropriate for a limited number of sub-competencies to be identified as areas of focus within the trainee's next placement, whereas in other cases it may not be appropriate for the trainee to progress to their next placement if key competencies have not been met.
- The trainee's overall progress within their placements to date (e.g. for a trainee who has previously consistently performed well on placements, unexpectedly poor performance on one placement may potentially indicate personal circumstances which need be addressed in order to attain a more realistic understanding of competency levels).
- The trainee's openness to feedback and willingness to work towards improvement.

The trainee should be made aware of the seriousness of the situation and the possibility of placement failure. Where concerns about possible placement failure/ low competency scores emerge at mid placement review, a further follow up meeting should be scheduled. The programme Clinical Director should also be alerted to the fact that significant concerns have arisen and that placement failure may be considered. Care should be taken to appropriately document concerns (e.g. within the supervisor's placement review forms), as well as any action plans arising and requirements for passing the placement. If a placement is failed, this should be documented in writing including the views of all parties (supervisor, trainee, and clinical tutor).

It should be noted that if a supervisor recommends placement failure, this placement outcome is regarded as provisional as it will need to be discussed and ratified at Board of Examiners. All relevant sources of information will be consulted when considering placement failure, including any written responses that the trainee may have provided in relation to their supervisor's feedback. The clinical tutor will also have input into this discussion and decision-making process. Rights and routes of appeal should be communicated to the trainee. Information on the relevant appeals process can be found here:
https://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/AppealsComplaintsandMisconduct/AcademicAppeals/ResearchDegreeProgrammes/

In cases of placement failure, the trainee would usually be required to retake and pass a subsequent placement to meet the learning objectives of the relevant module. Trainees should be made aware that this may have implications for their training contract, in terms of the maximum duration of the contract, and that Department of Health funding for any additional training time would not be guaranteed. In addition, it is likely that the trainee may be required to pay university fees for retaking the placement module. Retaking the placement may not be possible immediately and the trainee might be required to take a period of temporary withdrawal from studies.

Trainee fitness to practice:

- Fitness to Practice Regulations aim to safeguard the interests of clients, staff, and trainees. The regulations may be required where there are concerns about trainee conditions or conduct which may affect their ability to practice safely and effectively, or which may pose a risk to the safety and interests of clients. Concerns may arise in relation to trainee physical or mental health difficulties, misconduct, professional inappropriate behaviour, and unsafe or incompetent practice.
- If concerns should arise in relation to trainee fitness to practice, staff members should respond in line with the appropriate Fitness to Practice Regulations (via QUB Fitness to Practice Regulations or Business Services Organisation/BSO). As trainees are not yet qualified practitioner psychologists and so are not HCPC registered, fitness to practice concerns may follow QUB rather than health service processes.
- As trainees are Department of Health employees with Business Services Organisation / BSO as the Human Resources Business Partner, it may be appropriate to update the BSO Human Resources department. In some circumstances, BSO may wish to conduct their own investigation.
- In some cases, depending on outcome of the fitness to practice process, the HCPC should be informed so that they can hold the information on file for reference in case of a future application for registration.
- Within QUB, potential fitness to practice concerns should be relayed in writing to the School of Psychology Head of School by the DClinPsych Programme Director. A member of the DClinPsych course team should complete and submit a Fitness to Practice Concerns Form. The trainee's clinical tutor will usually complete this form, based on information provided by the placement supervisor. Investigating officers internal to the School of Psychology will then be appointed by the Head of School. These investigating officers will gather information from relevant parties (e.g. the trainee's clinical tutor and supervisor), and will arrive at a decision as to whether the issue needs to proceed to a formal Fitness to Practice panel. If formal proceedings are not deemed necessary, the internal investigators may still make recommendations regarding actions to be taken in relation to the concerns arising. This may include review and reassessment following completion of any recommended actions.
- It may be deemed necessary to suspend the trainee from clinical contact (e.g. by removing them from placement and placing them on study leave or Leave of Absence) to enable thorough exploration and assessment of the situation. Placement suspension falls under the QUB Interim Measures Procedure.
- It should be noted that this is likely to have a significant impact on the trainee, and also on the service, including clients and colleagues who may need to absorb the trainee's clinical caseload. The trainee should be kept updated by members of the DClinPsych programme team (e.g. clinical tutor, Clinical Director, Programme Director) throughout the process, and the potential implications for trainee wellbeing should be held in mind. The trainee should be made aware of how to access the relevant Fitness to Practice Regulations for their information, and should be signposted to sources of support around wellbeing where appropriate. Course team members should be available to meet regularly with the trainee if required.

Responding to concerns about a supervisor or placement setting

The majority of clinical placements are of high quality and offer supportive and positive learning experiences for trainees. There is a robust quality assurance process in place for the approval of placements, including checks around supervisor professional registration and attendance at supervisor training as well as wider aspects of the placement setting. However on occasions trainees may experience concerns relating to their supervisor's professional practice, the supervisory relationship, staff behaviour on placement (e.g., relating to EDI

issues) or the appropriateness of the service setting for a trainee placement. The programme team takes any such feedback very seriously, and staff are keen to support trainees who may encounter such difficulties.

Information sharing and trainee wellbeing
It is acknowledged that the potential power imbalance and evaluative component of the trainee/ supervisor relationship can make it difficult for trainees to openly share concerns about supervisors or placements. At the same time, in line with BPS guidance on trainee placement supervision, it is viewed as a professional responsibility of the trainee to give feedback to programme staff about the quality of the placement and supervision. Where possible and appropriate, trainees are also encouraged to raise concerns directly with their supervisor. Any concerns should be raised as soon as possible, and in advance of planned placement review meetings if needed. While the placement audit survey provides one method of capturing overall trainee satisfaction with their placement experiences, it should not be regarding as a substitute for raising significant concerns with the appropriate staff members in a timely fashion.

Such issues are often sensitive, and it can understandably feel anxiety provoking for trainees to take the step of conveying concerns about their placement. The programme team are mindful of trainee wellbeing in such situations and will signpost to appropriate sources of support. Staff aim to approach such situations collaboratively and supportively, and to respect trainee wishes regarding information sharing as far as possible. However, it should be noted that if significant concerns are raised, the programme team does have a duty to act on these, and in some cases the severity of concerns raised may warrant onward disclosure of concerns without trainee consent.

Points of contact
An initial point of contact for placement concerns on the part of the trainee may often be the clinical tutor. However other members of the course team may also be approached, such as the Clinical Director, Programme Director, or personal tutor. Depending on the issues raised, such discussions may be documented by the DClinPsych staff member and added to the trainee's record (e.g. using a Student Support Meeting form, a copy of which would be sent to the trainee for signature). Throughout any concerns process, it is important that the course staff remain mindful of the boundaries and remit of their own role, and aware of when involvement of service management may be more appropriate. Due to the need for confidentiality it may not be possible to update the trainee on the outcome of the concerns process.

If trainees would find it helpful to share concerns with someone external to and independent of the DClinPsych team, support may be sought from contacts within the wider University (e.g. the School of Psychology Student Support Officer, the Student's Union Advice Centre, Student Wellbeing Service, or QUB Report and Support). Information on additional sources of student support and advice is available in the DClinPsych Programme Handbook.

Lower-level concerns
There may be a continuum of severity in terms of the level of concerns raised. For lower-level concerns which may be amenable to local and informal resolution (e.g. irregular supervision, narrow range of clinical work, difficulties establishing a good supervisory alliance, limited opportunities for the trainee to observe the supervisor), liaison between the clinical tutor, trainee and supervisor may be sufficient to arrive at a mutually acceptable resolution.

It is important to bear in mind that differences around therapeutic orientation and interests may naturally arise, and that where this is the case, tolerance should be shown on both sides. Such differences should not in and of themselves be grounds for concern, and consideration should

be given to professional behaviour and 'disagreeing well' when it comes to points of difference within the supervisory relationship. Similarly, realistic expectations on the part of the trainee may be required in terms of the placement experiences that supervisors are able to facilitate within the context of busy and often pressured health service settings.

At the same time, even with more minor concerns, it may be important to consider whether the issues raised appear to be new and specific to the particular placement, or whether there appears to be a longer standing and recurrent pattern which has not been amenable to change.

More significant concerns
For more significant concerns, the programme has a duty of care to trainees (and potentially to clients and staff), and a more formal process will be followed. This level of concern may involve, for example, the trainee being consistently left unsupervised for protracted periods, inadequate levels of clinical work to facilitate competency development, major deviations from accepted good practice in supervision, clear lack of adherence to quality standards in supervision (e.g. advice inconsistent with accepted professional guidance), unethical professional practice (e.g. bullying, any form of discrimination or harassment experienced or observed by the trainee including racism, lack of adherence to appropriate professional boundaries), breaches of professional standards of conduct and practice, and lack of adherence to health service policies and procedures.

The clinical tutor and a member of the Senior Programme Team should meet with the trainee to explore and consider the issues raised, and to gain a sense of trainee preferences regarding next steps. Following this, if there appear to be grounds for significant concern, the programme team members should meet with the supervisor for an open and constructive discussion of the matter. The focus of this meeting is on clarifying concerns and, where needed, developing a plan to address these. Any such plan should also be developed in collaboration with the supervisor's line manager, who may also be involved in any such meetings. The support needs of both trainees and supervisors should be taken into account throughout the process, and the course team should provide the supervisor and their line manager with a formal written summary of the discussion following any such meetings.

Action plans may at times include, for example, further supervisor training, co-supervision, supervision of supervision, or consideration of supports required in relation to the supervisory relationship. It may in some circumstances be necessary to involve other parties (e.g. Trust senior management, Trust HR) or to initiate health service complaints procedures. Where significant breaches of standards of conduct or professional practice have occurred, the expectation is that investigation and action around this would be taken forward by the supervisor's line manager in line with Trust procedures (including, where appropriate, onward reporting to professional or regulatory bodies).

In cases of severe and significant concerns or risks, it may be necessary (after careful consideration and discussion within the DClinPsych programme team) to immediately inform the supervisor's manager. The supervisor would be kept informed if this was the case.

The specific context and level of concerns will influence whether it is appropriate for the trainee to remain within the placement, and whether it is appropriate for the supervisor or service to host future placements. If it is not suitable for the trainee to return to placement, this will be conveyed to the trainee and the supervisor and an alternative placement will be sought. At times an action plan may be developed collaboratively with the supervisor and/or their line manager, detailing changes which may be needed to ensure the suitability of the placement for future trainees. This would include time points for review, to inform decision making regarding future placement allocations.

Appendix F

Out of Area Placement request process

This guidance has been drawn up in response to a number of trainee expressions of interest in the possibility of placements outside Northern Ireland. In principle, the course team can at times consider the option of trainees accessing an out of area specialist placement if it would enhance their learning and development. However, this would not be usual practice and would be a rare occurrence. As the QUB DClinPsych is HSC funded, there is an expectation that trainees will contribute to HSC services within Northern Ireland as a result. It should be noted that out of area placements cannot be supported solely for reasons of geographical convenience for the trainee.

Guidelines from the Group of Trainers in Clinical Psychology/ GTiCP note that any approaches to the potential supervisor should be made by the trainee's course team (rather than directly by the trainee). The GTiCP guidance also notes that care should be taken for the trainee's course team to liaise with the clinical psychology course local to the placement (in case this would impact on placement plans for their own trainees).

Generally a helpful first step is to identify a potential service and supervisor, to hold an informal discussion with the DClinPsych Clinical Director, and to provide a written summary to the course team addressing the points below. This can then be considered by the course team. If the placement seems potentially suitable, the Clinical Director can then liaise further with the identified service and supervisor as well as with any DClinPsych courses in the area.

In terms of who is responsible for organising such a placement, the onus would be on the trainee to notify the course team of their desired placement in the first instance. As this falls outside of the routine scope of the training course, the course team would not be involved in sourcing potential out of area placements.

It should be noted that when trainees are working outside Northern Ireland, BSO will generally not approve payment of expenses for associated travel and accommodation.

Accessing an out of area placement would be contingent upon maintenance of satisfactory progress in other areas of training (other placements, research, academic, coursework, etc) and the trainee being on track to submit their portfolio/ complete their viva on time – a summary of progress in these areas would also be required, and any changes in progress could render the placement untenable.

In the first instance, the trainee should send a brief rationale to the course team covering the following points:

- Information on the proposed service.
- Information on the learning that would be gained from this setting which is not available within the HSC and which the trainee would be able to bring back to HSC services. This is important, as there would need to be some demonstrable benefit for local services.
- How the proposed placement would enable achievement of the learning objectives for the placement, as outlined in the Practice Based Learning handbook.
- Summary of trainee progress in other areas of training.
- How the placement would address any gaps in competencies to date, if applicable.
- How the trainee would manage attendance at scheduled teaching days (as this would still be a course requirement).

Next steps would include ensuring the availability of an appropriate clinical supervisor meeting BPS requirements (e.g. in terms of having attended relevant supervisor training).

Once the placement was agreed in principle, practicalities such as honorary contracts and indemnity cover would need to be discussed and planned in advance with the placement provider.

Appendix G: Short Supervisory Relationship Questionnaire (S-SRQ; Cliffe, Beinart & Cooper, 2014)

THE SHORT SUPERVISORY RELATIONSHIP QUESTIONNAIRE (S-SRQ)

The following statements describe some of the ways a person may feel about his/her supervisor. **To what extent do you agree or disagree with each of the following statements about your relationship with your supervisor? Please tick the column which matches your opinion most closely.**	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
SAFE BASE SUBSCALE							
1. My supervisor was approachable							
2. My supervisor was respectful of my views and ideas							
3. My supervisor gave me feedback in a way that felt safe							
4. My supervisor was enthusiastic about supervising me							
5. I felt able to openly discuss my concerns with my supervisor							
6. My supervisor was non-judgemental in supervision							
7. My supervisor was open-minded in supervision							
8. My supervisor gave me positive feedback on my performance							
9. My supervisor had a collaborative approach in supervision							
REFLECTIVE EDUCATION SUBSCALE							
10. My supervisor encouraged me to reflect on my practice							
11. My supervisor paid attention to my unspoken feelings and anxieties							
12. My supervisor drew flexibly from a number of theoretical models							
13. My supervisor paid close attention to the process of supervision							
14. My supervisor helped me identify my own learning/training needs							
STRUCTURE SUBSCALE							
15. Supervision sessions were focused							
16. Supervision sessions were structured							
17. My supervision sessions were disorganised							
18. My supervisor made sure that our supervision sessions were kept free from interruptions							

Scoring Key: Items 1-16 and Item 18 scored 1 (Strongly Disagree) to 7 (Strongly Agree); Item 17 scored 7 (Strongly Disagree) to 1 (Strongly Agree)