NOTE: The information given in this Handbook is correct at the time of going to press. However, it is the responsibility of trainees to check emails and electronic information systems and with programme staff for any alteration to dates and/or information contained within this booklet.

The Programme has made every effort to ensure that the information in this Handbook was accurate when published. Please note, however, that the nature of the content means that it is subject to change from time to time and you should therefore consider the information to be guiding rather than definitive.

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PDFs of the handbooks
The Trent DClinPsy Programme Handbook and the Trent DClinPsy Research Handbook are available via the University of Nottingham website description of the programme [http://www.nottingham.ac.uk/pgstudy/courses/medicine/applied-psychology/clinical-psychology-dclinpsy.aspx](http://www.nottingham.ac.uk/pgstudy/courses/medicine/applied-psychology/clinical-psychology-dclinpsy.aspx) - go to the Modules section where you can find pdf documents.
1. Programme Introduction and Philosophy

Welcome to the Trent Doctoral Training Programme in Clinical Psychology. This programme leads to a Postgraduate Research doctoral degree (DClinPsy) and confers eligibility for registration with the Health and Care Professions Council (HCPC) and for Chartering by the British Psychological Society (BPS). It is based at the University of Lincoln in the School of Psychology in the College of Social Science and at the University of Nottingham in the Division of Psychiatry & Applied Psychology, which is a division of the School of Medicine in the Faculty of Medicine & Health Sciences.

The programme is a partnership between the two Universities and three NHS Trusts in the region: Derbyshire Healthcare Foundation Trust, Lincolnshire Partnership Foundation Trust, and Nottinghamshire Healthcare Trust. The programme is currently commissioned by Health Education East Midlands (Local Education Training Board (LETB) for the East Midlands area).

The partnership that established the programme is also responsible for running it and providing the training. This means that the course is a collaborative venture between the two universities and the local clinical psychologists working within the Trent region. The training 'belongs' to the local NHS Clinical Psychology Services as much as the universities, and full mutual participation between the programme and the NHS services is essential.

The programme covers the counties of Derbyshire, Lincolnshire and Nottinghamshire and clinical placements are generally located in the NHS Trusts within this geographical area. However, in exceptional circumstances, a placement might be located outside the region. As the programme covers such a large geographical area, teaching is provided at both universities. It is therefore a requirement that trainees are able to adequately make their own personal arrangements to travel to and from university and their respective work placements.

Our aim is to train competent clinical psychologists capable of working in the NHS and equivalent organisations. The context of clinical work in the Health Service is changing constantly; trainees need to be sensitive to these changes and the changing health needs of the population and to the research basis that informs their clinical practice. By the end of the course, trainees will have developed into clinicians capable of drawing on a broad range of psychological models, including CBT and at least one other evidence-based model of intervention, to inform their clinical work and they will be confident in using a variety of research methods relevant to clinical psychology.

The overall purpose and philosophy of the programme meets the changing clinical, organisational and training needs of the NHS through:

- Provision of high quality training in Clinical Psychology leading to the award of a Doctorate in Clinical Psychology, eligibility to apply for registration with the HCPC and chartership with the BPS.
- Advancement of critical, scholarly, evidence-based approaches to the theory and practice of Clinical Psychology, which creates new knowledge through original research, capable of making a significant contribution to the profession.
- Promotion of professional practice that is sensitive to differences arising from gender, class, ethnicity, disability, sexual orientation and other cultural concerns and is delivered from a theoretically informed ethical stance.

The developmental structure of the programme can be summarised as 'from the individual, through groups to systems’. In other words, the course begins with a focus on working with individuals, progresses to working with groups and families, and finally focuses on working with systems and organisations.
Fundamental to this is the application of advanced research skills and the need to take an evidence-based approach to clinical practice. In clinical psychology, theory and practice cannot be divorced. At the heart of the programme is a holistic view of clinical work based on the integration of theory and practice, and the seamless interweaving of research and clinical skills.

Being at the forefront of best practice, the Trent programme is based on Standards of Proficiency (HCPC) and Core Competences (BPS), underpinning clinical work with a range of clients. The academic programme has been designed to complement the acquisition of competences on placements. This holistic approach encourages integration of theory and practice and develops transferable skills by emphasising the commonalities between different areas of clinical psychology.

There is no single or 'best' approach to work within clinical psychology - the field encompasses a range of different ways of working and the best available evidence suggests that different models of psychological intervention can contribute to effective clinical outcomes. For this reason, the programme provides opportunities for trainees to acquire competences in cognitive-behavioural therapy (CBT) and a range of other models, both in the academic teaching and on clinical placements. Through the Foundation Placement in year one, trainees focus on understanding, formulating and intervening in the problems of individuals, gaining experience of a range of different client groups. In the second year, the core placements shift the focus to working with groups, families and indirect working and to clinical work at the level of social networks and organisations. The final year provides opportunities to enhance a trainee's experience of other models through specialist elective placements where possible.

Trainees come onto the programme with a diverse range of previous experiences. We take account of this diversity in the initial stages of training, both through the methods used to teach clinical and research skills and the forms of the associated assessments. Given the range of skills and knowledge entrants possess already, the academic programme places a lot of emphasis on the responsibility of trainees for their own learning. Trainees are expected to contribute through seminars and tutorials, practice-based learning sessions, experiential workshops, case discussions and presentations, and research seminars and discussions. At the same time, we realise that clinical psychology training makes emotional and academic demands on trainees and the programme promotes the development of the skills of self-reflection and self-awareness as ways of coping with these stresses.

Finally, we want trainees to enjoy the training and to appreciate what clinical psychology has to offer as a profession. This means developing an attitude to clinical work that is both realistic and optimistic. In everyday practice, clinical psychologists cannot always alleviate their clients’ distress and often have to make difficult decisions about the use of limited resources. But they must always be aware of the 'bigger picture' and the context in which they are working. For this reason, trainees are always encouraged to draw on wider professional networks to enhance their learning and the programme attempts to maximise opportunities for inter-professional teaching where relevant and practical.
2. Programme Aims and Objectives

The key aims and objectives of the programme are:

- To provide high quality training in clinical psychology to give students the skills, knowledge and experience needed to become HCPC-registered Practitioner Psychologists and Chartered Clinical Psychologists.

- To provide high quality training in applied research at an advanced level, enabling students to create and interpret new knowledge through original research of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication.

- To promote excellence in the proficiencies and core competences required for both individual client work and work at a system and organisational level, in the context of rapid change.

- To enable students to make informed judgments on complex issues in clinical psychology and to be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences.

- To provide supervision systems that enable psychologists to become reflective practitioners who competently deliver clinical interventions while seeking innovative, creative solutions that are realisable within the organisational framework within which they operate.

- To promote professional practice that is sensitive to differences arising from gender, class, ethnicity, disability, sexual orientation and other cultural concerns: and is delivered from a theoretically informed ethical stance.

- To promote a commitment to critical, scholarly, evidence based approaches to the theory and practice of clinical psychology, helping students to mature as scientist-practitioners contributing substantially to the development of theories and methods enhancing professional practice.

- To provide training that may be adapted to meet the changing clinical, organisational and training needs of the NHS and equivalent health and social care providers, as well as the evolving standards of regulatory bodies.

- To promote the integration of local clinicians and to facilitate the growth of the local psychological services by promoting CPD, facilitating postgraduate academic development and research and by encouraging trainees to establish themselves in the local area.

- To provide training accessible to people from a wide range of cultures, backgrounds and social circumstances.

At the end of the course it is expected that trainees will:

- have the skills to critically appraise, design, implement and disseminate original research of publishable quality and to integrate research in the planning of service delivery,

- have the practical competences to work as a clinical psychologist in a wide range of healthcare settings,

- be eligible to be registered with the HCPC as practitioner psychologists and to become chartered by the BPS,
2 – Aims & Objectives

- understand the theoretical foundations of clinical psychology in order to be able to apply them to novel problems and situations,
- have the ability to implement therapeutic interventions based on knowledge and practice in at least two evidence-based models of formal psychological therapy, of which one will be cognitive-behavioural therapy,
- be aware of the social and cultural context of clinical psychology practice and be sensitive to inequalities in the provision of care,
- have knowledge and experience of working in the Health Service and have the social, communication and problem solving skills to apply that knowledge,
- be able to work constructively and creatively in teams and with other professionals and be able to work collaboratively with service users and carers in clinical practice, service development and research.
3. Teaching and Learning

The teaching and learning strategy adopted within the programme gives equal weight to theory and practice. It ensures that all learning and practice empowers trainees by increasing their confidence in their developing clinical and research skills, improving the quality of their professional judgement and decision-making, and improving their ability to express their ideas.

The programme provides a holistic experience of training resulting in an integrated set of learning outcomes. The teaching and learning methods also facilitate the integration of theory and practice by providing trainees with a good grounding in clinical skills, research skills, evaluative skills and the use of a range of primary sources. The formal teaching provides an integrated curriculum supporting both clinical and research training.

As trainees progress through the programme they develop greater independence and are encouraged to demonstrate initiative and develop skills appropriate to working independently to prepare them for effective clinical practice. Teaching and learning methods incorporate group work, and clinical practice provides opportunities for both multi-professional and inter-professional learning. Both maximise the achievement of high standards of professional practice.

Evidence-based practice demands a strong grounding in research design and data analysis. It is essential that these research skills are integrated into practice alongside subject and profession specific knowledge. This is achieved through service-related research project work.

Our approach emphasises active learning, developing the skills required for independent and reflective practice. The teaching and learning methods used are determined by the specific learning outcomes of each module, including:

- Lectures
- Tutorials
- Seminars and seminar presentations
- Workshops
- Role play with video, observation and feedback
- Practice-Based Learning
- Participation in a Reflective Practice Group
- Supervised clinical practice
- Observation of clinical practice
- Case studies
- Project work
- Work-based learning
- Independent study
- Appraisal with programme staff

Trainees sign a form at the beginning of the course to give consent to take part in the role plays during teaching and learning activities (see Appendix A7).

Clinical Psychologists are scientist-practitioners and reflective practitioners. Therefore a requirement to demonstrate effective reflective skills, leading to personal action plans, is integral to both learning and assessment. This approach is promoted through the use of reflective writing and participation in Reflective Practice Groups (see Appendix F6). High levels of trainee support and ample opportunities to develop practice through individual clinical supervision are key features of the Trent programme.
The programme makes use of computer and communications technology to:

- facilitate the integration of theory and practice by providing trainees with ready access to on-line materials and references
- support communication both within and between trainee cohorts and staff through electronic discussion boards.
- deliver teaching materials and administrative information

Teaching is delivered through intensive blocks, weekly workshops, seminars, lectures and tutorials in Lincoln and Nottingham. Course materials are available on the web and accessible to all trainees registered on a module.

**Handouts**
Many trainees find handouts helpful. All speakers are encouraged to upload teaching materials to the university online learning systems, Blackboard and Moodle in time for trainees to print what they want to take to the teaching sessions.

**Professional Requirements during teaching sessions and study days**

Even when at university you are still a senior NHS professional. Teaching is part of your working day and starts promptly at 10.00. You are expected to be as punctual as you would for any other professional activity, to behave in a respectful manner and to demonstrate professional courtesy (for instance by refraining from using mobile phones during teaching sessions and workshops).

It is appreciated that people use laptops and tablets in teaching sessions to view slides and make notes. No other use is appropriate. If using laptops and tablets, please only use where necessary and be mindful of the impact on the lecturer and peers. Please charge laptops and tablets in advance of teaching or during breaks. Most teaching is in workshop format and trainees need to be flexible.

Particular considerations apply when service users and carers join or contribute to teaching sessions. Please see guidelines for trainees, lecturers and service users and carers about involvement (see Appendices A4, A5 & A6).

The Trent programme has a generous allocation of study days. Although these are normally self-managed, they are part of your contracted employment and we therefore expect you to use them solely for study activities.

For regulations regarding annual leave, please refer to section 13 of this handbook.
4. Programme Structure and Formal Teaching

Programme Structure

The course has a modular structure and credits are awarded on the basis of completion of each module, where one credit is equivalent to approximately 10 hours of learning effort. The academic component of the programme is delivered over two 14-week semesters per academic year. Throughout most of the course, teaching on the academic components runs alongside clinical practice on placements.

Full provisional timetables for all three years are given in Appendices A1, A2 & A3.

As a Professional Doctorate, the DClinPsy is classed as a Postgraduate Research Degree. The 540 credits which make up the full doctoral programme are distributed between 2 components: A research component of 280 credits and a taught component of 260 credits. Clinical placement modules assessed by a written case study are formally part of the research component; all other placement modules are formally part of the taught component. Table 1 shows all modules; those belonging to the research component of the programme are shaded.

Three modules in Year 1 are at Masters level (level 4), all other modules are at Doctoral level (level 5).

Table 1: Module information

<table>
<thead>
<tr>
<th>Year</th>
<th>Module Acronym</th>
<th>Title of Module</th>
<th>Level</th>
<th>Semester</th>
<th>Credits</th>
<th>Module Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PRS</td>
<td>Professional Skills</td>
<td>4</td>
<td>1</td>
<td>40</td>
<td>Academic</td>
</tr>
<tr>
<td></td>
<td>ICI</td>
<td>Individual Client Interventions</td>
<td>4</td>
<td>1 &amp; 2</td>
<td>30</td>
<td>Academic</td>
</tr>
<tr>
<td></td>
<td>FPA</td>
<td>Foundation Placement A</td>
<td>4</td>
<td>1</td>
<td>30</td>
<td>Placement</td>
</tr>
<tr>
<td></td>
<td>FPB</td>
<td>Foundation Placement B</td>
<td>5</td>
<td>2</td>
<td>50</td>
<td>Placement</td>
</tr>
<tr>
<td></td>
<td>RDE</td>
<td>Research Ethics &amp; Design</td>
<td>5</td>
<td>1</td>
<td>20</td>
<td>Research</td>
</tr>
<tr>
<td></td>
<td>RLS</td>
<td>Research Systematic Literature Review</td>
<td>5</td>
<td>2</td>
<td>10</td>
<td>Research</td>
</tr>
<tr>
<td>2</td>
<td>LSD</td>
<td>Lifespan Development</td>
<td>5</td>
<td>1</td>
<td>15</td>
<td>Academic</td>
</tr>
<tr>
<td></td>
<td>ISO</td>
<td>Integration &amp; Specialist Options</td>
<td>5</td>
<td>2</td>
<td>15</td>
<td>Academic</td>
</tr>
<tr>
<td></td>
<td>SYP</td>
<td>Second Year Placement - A</td>
<td>5</td>
<td>1</td>
<td>100</td>
<td>Placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second Year Placement - B</td>
<td>5</td>
<td>2</td>
<td></td>
<td>Placement</td>
</tr>
<tr>
<td></td>
<td>RPV</td>
<td>Research Portfolio and Viva</td>
<td>5</td>
<td>2</td>
<td>100</td>
<td>Research</td>
</tr>
<tr>
<td>3</td>
<td>RPV</td>
<td>Research Portfolio and Viva</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FGI</td>
<td>Families, Groups &amp; Indirect Work</td>
<td>5</td>
<td>1</td>
<td>20</td>
<td>Academic</td>
</tr>
<tr>
<td></td>
<td>SOS</td>
<td>Systems and Organisations</td>
<td>5</td>
<td>2</td>
<td>20</td>
<td>Academic</td>
</tr>
<tr>
<td></td>
<td>TYP</td>
<td>Third Year Placement - Specialist</td>
<td>5</td>
<td>1 or 2</td>
<td>90</td>
<td>Placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third Year Placement - Final</td>
<td>5</td>
<td>1 or 2</td>
<td></td>
<td>Placement</td>
</tr>
</tbody>
</table>
Formal Teaching

Academic teaching in Year 1 comprises three modules. Professional Skills (PRS) and Individual Client Interventions (ICI) cover the introductory material needed to enable trainees to have the theoretical competences for their foundation placement. Both modules make use of Practice Based Learning (PBL) in teaching and assessment. Early in their foundation placements, trainees should have acquired an understanding of assessment, interviewing skills, basic observational techniques and formulation skills (particularly those from a CBT perspective). Early in the first year, ethical issues, such as consent and confidentiality, as well as statutory legal issues and issues of personal safety, are covered. Research Ethics & Design (RDE) introduces research methods and gives trainees the opportunity to develop their research ideas, and critically appraise published literature.

In Year 2 trainees complete two further academic modules. In Lifespan Development (LSD), they are introduced to a developmental perspective that tracks an individual across the lifespan. In Integration & Specialist Options (ISO), trainees are introduced to evidence-based theoretical models other than mainstream CBT. They develop a synthesis which they can apply critically in an integrative or trans-theoretical framework to work with clients with complex needs. In addition, a taught component of Research Portfolio and Viva (RPV) provides training in quantitative and qualitative analysis of data and presentation of research.

The third year teaching comprises two academic modules: Families, Groups & Indirect Work (FGI) and Systems & Organisations (SOS). These modules emphasise indirect work, working with families, group interventions and working in teams. As the year progresses, trainees take a broader view of different clinical settings and incorporate generic issues in the context of NHS and professional practice. They learn about service development, organisational issues and service user and carer involvement.

The programme strongly encourages the consideration of diversity and suitable adaptations to practice in every teaching session. Speakers are asked to plan for this in their sessions and we ask trainees to ensure they feel free to ask questions about diversity.

A typical teaching day is described in table 2 below:

**Table 2: A typical teaching day**

<table>
<thead>
<tr>
<th>9.00 till 10.00</th>
<th>10.00 till 11.15</th>
<th>11.30 till 12.45</th>
<th>12.45 till 13.45</th>
<th>13.45 till 15.00</th>
<th>15.15 till 16.30</th>
<th>16.40 till 18.10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional: Staff can be available for tutorials</td>
<td>Module Session</td>
<td>Module Session</td>
<td>Module Session</td>
<td>Module Session</td>
<td>Module Session</td>
<td>Reflective Practice Groups OR Skills Workshops OR Tutorials OR Study time</td>
</tr>
<tr>
<td></td>
<td>B R E A K</td>
<td>B R E A K</td>
<td>Tutorials possible</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sometimes the teaching programme may not run as smoothly as we would like and sessions can be cancelled by speakers at short notice due to illness, etc. Unfortunately with such short notice it may not always be possible to warn trainees in advance. Trainees are therefore advised to bring some alternative work on their teaching days so that they can use productively any time made available by cancelled teaching sessions.

On some occasions it may be possible to arrange alternative teaching or tasks to replace a cancelled session so, unless notified, trainees should go to the planned teaching room, to check what alternative arrangements have been made.
Session Evaluations

Trainees are provided with an evaluation form for each teaching session. It is their duty and responsibility to complete and return this to administrative staff at the end of the teaching day. Programme staff and visiting contributors teaching on the programme receive copies of evaluation forms. Providing constructive feedback is part of professional practice, trainees need to ensure that any comments are commensurate with their role as senior health professionals. Session evaluation forms are reviewed by module convenors and sent out to visiting speakers.

Visiting contributors also complete feedback forms evaluating teaching facilities, accommodation, and response from the trainee group.

A feedback session at the end of each semester allows trainees to comment on the taught modules and make suggestions for improvement.

See section 9 for further details on how feedback is used.

In addition to the DClinPsy programme’s session evaluations and module feedback sessions, trainees may be asked to complete university-specific questionnaires. Nottingham has a university-wide system (Student Evaluation of Module, SEM) which will only be organised for modules taught in Nottingham (RDE, ICI, ISO and SOS) – a link to a short online questionnaire will be provided at the end of a module. There will also be occasional Student Evaluation of Teaching (SET) questionnaires to complete, again online and the link will be provided by the lecturer.
5. Research

Clinical psychologists aim to contribute a unique psychological perspective to the applied environments in which they work. Understanding the relationship between theory, research and clinical application is therefore central to this role, as are the abilities to critically evaluate established evidence and to apply sophisticated research methods to generate new knowledge when evidence may be uncertain or absent. The research component of the programme aims to help trainees develop their critical and research skills through the use of teaching, research supervision, applied research and self-directed study.

By the end of the research component trainees should be able to:

- demonstrate the skills to design, implement and disseminate research of publishable quality and to integrate research into the planning of service delivery
- demonstrate the skills to communicate and critically evaluate research relevant to the professional and organisational contexts in which clinical psychologists work
- apply the skills required for academic study and inquiry

Teaching

There are two blocks of research teaching on the programme: one teaching block is delivered within the first-year Research Design and Ethics (RDE) module; the second is primarily delivered in the second year, and supports continuing progression towards completion of the Research Portfolio and Viva (RPV) module. These teaching blocks introduce trainees to the most influential study designs (both quantitative and qualitative) used in clinical psychology, help to foster understanding of the salient theoretical, ethical and practical issues related to scrutinising established evidence and conducting research in applied settings, and provide trainees with the opportunity to conduct and disseminate their own research in written and oral form.

Research Assignments

Year One

In year one, trainees present their initial research project ideas to a panel. Through this process, trainees further develop their research ideas before submitting a summative formal written research proposal (RDE) detailing the key theoretical, ethical, methodological and practical aspects of their proposed research project. In addition, trainees gain the experience of sourcing, selecting, scrutinising and synthesising previous literature by undertaking a summative systematic literature review (RLS) to answer a specific research question usually thematically related to their proposed research project. These assignments are supported through RDE teaching, research supervision and self-directed individual study as appropriate.

Years Two and Three

In year two, trainees analyse and report on data collected as a result of the research plans developed in year one/as part of RDE, leading to the submission (at the end of the first semester of year three) of a summative research portfolio containing: a portfolio abstract, a journal paper (targeted towards and formatted for a named peer-reviewed journal), an extended paper (as an elaborative adjunct to the journal paper), appendices (collating supportive materials), and a conference-ready poster. The extended paper includes an extended literature review (usually informed by, but not replicating, the completed systematic literature review) and extended methodology, analysis, results and discussion sections. Within the extended paper, trainees also apply their critical reflective skills to their research experience in a reflective component. Before the submission of the portfolio, trainees have the opportunity to
gain formative feedback by presenting their findings to a panel consisting of staff and fellow trainees.

Approximately six weeks after the submission of the portfolio, trainees defend their research in a viva-voce examination conducted by an internal and an external examiner. This examination can extend to the three written case studies (FPB and SYP) and Small-Scale Research and Impact (SSRI) form. Once the viva has been successfully passed and any required modifications to the portfolio have been made and approved, trainees then proceed to finalise their completed research portfolio (please refer to Research Handbook Section 18: Finalised Thesis Submission Guidelines for an outline of the components that should be incorporated into the final portfolio, and University-specific guidance on formatting requirements).

The research component of the programme is completed by trainees incorporating the feedback they have received throughout the different stages of the research process to revise their portfolio journal paper into an updated publication-ready form.

**Table 3: Research modules**

<table>
<thead>
<tr>
<th>Taught</th>
<th>Module Acronym</th>
<th>Title of Module</th>
<th>Year</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taught</td>
<td>RDE</td>
<td>Research Design and Ethics</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
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<td>- Research Proposal Panel</td>
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<td>RLS</td>
<td>Systematic Literature Review</td>
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<td>RPV</td>
<td>Research Portfolio and Viva</td>
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<td>- Thesis Project Panel</td>
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<td>- Viva Voce Examination</td>
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<td>- Modified (submission-ready) Journal paper</td>
<td>3</td>
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</tbody>
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**Supervision**

The Research Tutors should be your first port of call for all research concerns. They are available to help you decide on a research topic and to advise on study feasibility, design, methodology, and plan of analysis. They also help identify suitable Field Research Supervisor(s) for your study and will aim to direct you to others who can help with specific, specialist aspects of your research if necessary. Please see Research Handbook Section 1: “How to make best use of your Research Tutors” and Research Handbook Section 2: Guidelines for Field Research Supervisors.

**Research Expenses**

There is an allocation of money to cover costs incurred in conducting your programme-based research project. Please see Research Handbook Section 9 for the policy on research budget and claims.

**Further Research Guidelines**

Please refer to the separate Research Handbook for specific research guidelines and associated documents.
6. Clinical Experience

At the core of clinical work is the integration of theory and research with practice; therefore theory will inform practice but, equally, practice will inform theory. In other words trainees will be encouraged to reflect upon and build upon their clinical experiences during the academic and research components of the course.

Clinical placement modules comprise the following:

- **FPA & FPB** - Foundation placement in year 1

  These introductory placements last throughout the first year following the introductory block of teaching. Trainees are based in a department/service within their employing trust. In the early stages of the placement trainees observe clinical assessments, formulations, interventions and evaluations being carried out by experienced clinicians. Trainees participate in group discussions, team meetings and service development meetings and gain an understanding of the breadth of work in clinical psychology. They receive training in basic competences including the skills of engagement and alliance building. These placements offer opportunities for assessing the strengths and weaknesses of the trainee and establishing further developmental needs.

  The aim of the placement is to cover the proficiencies required to meet learning outcomes of year 1 (see Appendix B5). The emphasis will be on experience of working with individuals.

  The foundation placement is split into two modules (FPA and FPB) and there are formal assessment points at the middle and end of FPA and FPB; nevertheless, the experience of the trainee should be that FPA and FPB form a year’s placement.

- **SYP (A & B)** - Two core skills experiences in year 2

  The SYP module comprises two placements which take place in year two. The placements aim to cover as many of the key proficiencies as is practical. The emphasis will be on experience of indirect work, group work and organisational and service level work.

- **TYP (Specialist & Final, S & F)** - Two third year placement modules

  The TYP module comprises two placements which take place in year three. The nature of the final year placements depends on achieving any proficiency or core experiences which have not been covered in previous placements. If all competences and experiences have been covered, trainees have the opportunity to work in specialist placements where possible, gaining specialist knowledge or consolidating previous experience.

  It is possible that one of your 2nd or 3rd year placements will be located outside the employing Trust.

  Please see Appendix B5 for a full statement of the learning outcomes from each of the placement modules.

  To pass the FPA module, you must pass the supervisor assessment: the Portfolio of Proficiencies (see section on proficiencies on page 14). To pass each of the other placement modules (FPB, SYP A, SYP B, TYP S & TYP F) you must pass the supervisor assessment AND the clinical case study/viva/presentation.

  Trainees spend just over half their time on the programme on placement. A typical placement lasts approximately 70 days. Trainees are expected to be present on placement for at least 50 days (for SYP A, SYP B, TYP S & TYP F). For the Foundation
Placements (FPA and FPB) trainees are expected to complete at least 100 days on placement over the year.

Placements

Trainees will spend the majority of their placements in their employing or home Trust; however, one placement may be undertaken in an alternative Trust in order to gain experience in another organisation. The programme placements are primarily in Derbyshire, Lincolnshire and Nottinghamshire.

Trainees must keep their DBS Disclosure Certificate (previously known as a CRB certificate) safely as it will be required for placements outside their employing Trust.

The rationale behind this emphasis on local placements is to:

1. fully involve local supervisors with the course
2. monitor and ensure placement quality
3. improve recruitment by local departments and supervisors
4. work within the employing trust

Table 4: Range of Placements

<table>
<thead>
<tr>
<th>Placement</th>
<th>Population / Service</th>
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<tr>
<td>FPA</td>
<td>Adult</td>
</tr>
<tr>
<td>FPB</td>
<td>Adult</td>
</tr>
<tr>
<td>SYP A</td>
<td>Child, LD or Older Adult</td>
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<tr>
<td>SYP B</td>
<td>Child, LD or Older Adult</td>
</tr>
<tr>
<td>TYP F</td>
<td>Child, LD or Older Adult</td>
</tr>
<tr>
<td>TYP S</td>
<td>Specialist placement</td>
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</tbody>
</table>

Making sure trainees gain the widest range of experience across a number of different settings and services helps ensure consolidation of their developing skills. We have many specialist placements available within the region. They include Looked After Children, High Secure Forensic Services, Neuropsychology, Psychotherapy, etc.

You will be asked for your ideal choice of specialist placement during your second year and this will be negotiated with your clinical tutor.

Proficiencies

Trainees are required to monitor and record their own clinical progress in terms of knowledge, skills and experience gained on placements. Trainees complete documents in the Portfolio of Proficiencies: Ratings Form (part A) and Client Log (Part B) which are reviewed and discussed in supervision and appraisal sessions by the supervisor and personal tutor if appropriate.

All placements enable trainees to gain experience to meet the HCPC Standards of Proficiency (see Appendix B3) and develop the necessary competences in the following areas, as required by the BPS (see Appendix B4):

1. Psychological Assessment
2. Psychological Formulation
3. Psychological Intervention
4. Communication and Teaching
5. Transferable Skills
6. Evaluation
7. Personal and Professional Skills
8. Service Delivery
9. Research
The Role of the Clinical Tutor

Trainees are line-managed by the Senior Clinical Tutors. The Clinical Tutor Team is responsible for helping the trainee to meet the learning outcomes of the placement. Clinical Tutors also chair the Placement Review Meetings and monitor trainees’ progress towards achievement of core proficiencies and core experiences over the length of training.

The Role of the Clinical Supervisor

i. To plan appropriate clinical experience with their trainee.

ii. To provide at least the minimum level (see below) of supervision a week for the duration of the clinical experience.

iii. To take overall clinical responsibility for the work of the trainee (within the department in which they are on placement) whom they are supervising.

iv. To form agreed ratings with the trainee of the trainee's level of competence at each point in the placement review cycle using the Portfolio of Proficiencies.

v. To review progress at the Placement Review visits and at the end of placement using the Portfolio of Proficiencies forms and make a recommendation to the Course on whether the trainee has reached the required standard on each of the nine areas of core competence. It should be noted that the final decision as to whether a trainee has reached the required level of competence is made by the Clinical Tutor in conjunction with the Course Co-Director (Practice Learning & Trainee Management, i.e. Clinical) (and ultimately the Exam Board or Annual Review Committee) based on recommendations from supervisors and evidence provided in placement monitoring forms.

It is expected that the supervisor and trainee will establish a regular weekly time for formal supervision for the duration of the placement. Although the amount of the supervision will vary according to the stage in training and the needs of the trainee, it should be at least 1.5 hours. This must be in addition to informal discussion of matters that arise between formal supervision sessions. Trainees are also required to submit a supervision log to the course on a monthly basis - see Appendix B13. This log should record at least six hours of supervision each month or provide an explanation as to why this was not possible.

Placement Procedures

Allocation to placements

All placements are allocated by the Clinical Tutors as part of a collaborative process with the Programme at the University of Leicester, and in consultation with neighbouring training providers, through the Collaborative Placement Planning and Allocation Board (CPPAB).

Trainees should contact their allocated supervisor by email before their placement start date.

In the first year, trainees are allocated to a clinical supervisor in the geographical area of their employing trust (Lincolnshire, Nottinghamshire or Derbyshire) by the clinical tutor(s). The Clinical Tutor and supervisor help the trainee to develop a plan of clinical experience for the whole placement, some of which may be supervised by the supervisor and some by other clinical psychologists in the locality. The plan of clinical experience is encapsulated in the goals set for each of the nine areas of practice and competence at the start of each placement.
In Year 3, the trainee may request a specialist placement and must submit a plan to the clinical tutor of how necessary clinical skills and competences will be acquired. The process of choosing specialist placements is initiated by the Clinical Tutors during the early part of the second year. Third year trainees should be aware that tutors have to prioritise core placements over other specialist placements.

Establishing Placement Goals

Key to the success of any clinical placement is the achievement of agreed placement goals. Therefore, it is important that early in the placement, the Clinical Tutor, supervisor and trainee agree the goals to be achieved in terms of experiences to be gained and competences to be developed in the locality in the light of the trainee’s Portfolio of Proficiencies form and learning outcomes for the placement. Consideration should be given to the range of opportunities available, as well as the needs, interests and previous experience of the trainee. This process is conducted at the initial placement meeting. The placement contract will also be set and agreed at this meeting.

Supervisors may find it helpful to consider the guidelines for core experiences on placements provided in the trainees’ logbooks. Particular efforts should be made to fill major gaps in the trainee’s experience and supervisors are advised to review clinical ratings in the Portfolio of Proficiencies from previous placements to highlight potential gaps in training or areas of weakness. The Portfolio of Proficiencies form and Client Log will be reviewed formally at the Placement Reviews, but should be reviewed informally and modified as necessary at various stages in the placement by both supervisor and trainee.

Supervisors are advised to help the trainee to strike a balance between gaining a sufficient quantity of clinical experience and allowing adequate time for planning, reading and administration.

Placement Reviews

Formal meetings are arranged between the trainee, supervisor and the Clinical Tutor during the placement. The purpose of the review is:

a) To monitor the progress of the trainee in achieving goals set for each area of core competence, with reference to the Client Log and placement goals as set out in the Portfolio of Proficiencies form.
b) To give placement feedback to the trainee on clinical performance.
c) To allow the trainee to comment on the placement and supervision.
d) When necessary, to allow the supervisor or trainee to raise points of concern so that there is time to address these.
e) To identify any areas of concern and implement a recovery plan for any serious concerns. This will be negotiated at a separate meeting with the Co-Director (Practice Learning & Trainee Management).

In a placement review the Clinical Tutor allows time to see the supervisor(s) and the trainee separately to allow any concerns to be raised in confidence. However, in the event of problems emerging, the trainee and / or supervisor are strongly encouraged to contact the clinical tutor as soon as possible and preferably prior to the placement meeting.

After the separate meetings, the Clinical Tutor then sees the supervisor(s) and trainee together. The Portfolio of Proficiencies form is used to structure the meetings, and is completed by the trainee and supervisor together in advance of the Placement Review meeting, and the completed form is emailed by the trainee to the Clinical Tutor at least one week in advance of the meeting. If there are any difficulties, an attempt is made
to resolve these by discussion in the joint session. If this is not possible, the matter is referred to the Co-Director (Practice Learning & Trainee Management).

Trainees have a minimum of 4 placement reviews (including final placement meetings) during the Foundation Placement and usually two reviews for each placement in later years. Further meetings can be arranged where there are difficulties on placement, or to monitor recommended changes.

Summary of typical placement review meeting

1. Supervisor and / or trainee should, where possible, alert the Clinical Tutor to any emerging problems on the placement before the review meeting.

2. Portfolio of Proficiencies form to be sent by trainee to the Clinical Tutor at least 1 week in advance of the placement review meeting.

3. At the start of the review meeting the Clinical Tutor provides individual meetings with the supervisor and the trainee.

4. The placement review proceeds, guided by the evidence and ratings in the Portfolio of Proficiencies document.

5. Ratings are finalised, learning needs identified and placement goals reviewed and updated as required.

6. Future meetings agreed as required.

7. At the end of a placement, the trainee also completes a Placement Evaluation Form, discusses it with the supervisor and sends it to Trent DClinPsy admin staff.

Preparation for placement reviews:

Trainees and supervisors must do some preparation before each placement review in order to aid the smooth running of the review meetings. The Clinical Tutors take the lead in filling out the paperwork for the Initial Placement Meeting, but trainees take responsibility for completing the paperwork with their supervisors prior to future meetings. In particular, the following preparation prior to the placement meetings is required:

- Trainees and supervisors should have agreed ratings for the trainee’s progress towards each area of core competence (Portfolio of Proficiencies).
- Trainees should have completed the Client Log (Part B).
- Trainees and supervisors should have worked through the Portfolio of Proficiencies form, reviewing specific placement goals and updating the evidence of attainment of the goals.
- The paperwork must be emailed to the Clinical Tutor at least one week in advance of the meeting.
- Complete Trainee Evaluation of Placement & Supervisor form as necessary – see Appendix B14.

Paperwork is an important component of your placement. It demonstrates the development of your competences and skills throughout training. It is necessary to complete this documentation to a high standard to allow scrutiny of your evidence. Please ensure that changes you make do not affect the formatting, layout and readability detrimentally.
Useful Tips on Placement

This section is intended to assist the smooth running and effectiveness of clinical placements. Overall, it is hoped that supervisors see themselves in a predominantly enabling role with regard to their trainee, though clearly basic training and gatekeeping functions must not be forgotten.

1. Preparation

It is helpful if, prior to the first day, the supervisor has made preparation to ensure that placement experiences are available immediately, so that valuable time is not lost at the start; this is less critical for Foundation Placements where the expectation is that there will be a more gradual introduction to clinical work. However, this should be balanced with adequate time for the trainee to become familiar with the placement and the department and to absorb relevant information.

Trainees welcome an induction procedure and find it helpful if this includes an orientation and introduction to the clinical and support staff, the buildings and the organisational systems. It is also an opportunity for the supervisor to inform the trainee about placement opportunities, available clinical experience, skills and expectations. Similarly, the trainee can inform the supervisor of their previous experience/inexperience and their expectations of the placement. This, in combination with the Portfolio of Proficiencies, can be a precursor to the negotiation of the placement goals.

2. Supervision contracts

Supervision can mean different things to different people, and there are occasions where misunderstandings arise; supervision contracts are a useful way to develop clear expectations within the supervisory relationship and can serve as useful reference point and as a way of tracking change in the development needs of trainees. Supervision contracts can take many forms but the following structure may prove helpful to supervisors and trainees in negotiating a supervision contract.

There are a number of areas which different authors have suggested are important to cover in negotiating a supervision contract:

- **Practicalities**
  a) Issues of time, frequency and place
  b) dealing with cancellation

- **Boundaries**
  a) Boundaries between therapeutic work and personal material – negotiating whether and when personal material should come in to supervision
  b) Confidentiality – clarity over when information over-rides the confidentiality of the supervisory relationship and what happens to this information in different circumstances

- **Working alliance**
  Sharing mutual expectations of supervision and the placement

- **Session format**
  How the supervision session will be organised, e.g. the amount of time given to different tasks

- **Organisational and professional context**
  Taking account of other stakeholders such as the course, the NHS organisation, the BPS, etc.
3. **Observation**

It is a requirement that there is an opportunity for first-hand mutual observation of clinical work as an opportunity for learning and constructive feedback. This may be achieved through a variety of means: joint work, audio or video taped interviews, or the use of a one-way screen.

4. **Style of Supervision**

This will vary according to the individual trainee and the stage of training. Although a trainee should be encouraged to work with increasing independence as the placement progresses, the supervisor should continue to have an educational as well as a monitoring function throughout the placement. In the early stages, trainees may require guidance on what to do, whereas later on in training supervision may be used to look at ways of improving their work and relating this to broader issues.

5. **Models of supervision**

There are a number of different models of supervision and the course has lists of various book chapters and papers detailing these if you are interested in reading about them. Please contact one of the Clinical Tutors to see what is available.

6. **Differences in Orientation**

Supervisors may find that they have different interests and a different orientation from the trainee. When this situation arises, tolerance needs to be shown by both sides. The trainee should be encouraged to be open to alternative approaches, while a supervisor should equally be open to helping and supporting the trainees with their own interests and style of working (unless there are serious doubts concerning the effectiveness of the approach or potential harm to clients).

7. **Use of Academic Knowledge**

Supervisors have a crucial role in contributing to the integration of academic and practical aspects of the programme. It is important that the supervisor should discuss literature relevant to the clinical work on placement and suggest suitable reading to the trainee.

8. **Report Writing and Communication**

Trainees should be encouraged to write reports appropriate to the recipients. The supervisor has a major role in encouraging a trainee to develop a clear writing style, providing relevant information while maintaining confidentiality.

9. **Relationship Issues**

Supervisors should be sensitive to issues that arise for the trainee in relation to service users or staff in the programme of their clinical work. These can be discussed in the context of either formal supervision sessions or informal discussion with the supervisor.

**In Case of Placement Difficulties**

If a trainee experiences any difficulty on placement, the supervisor is normally the first person to approach. If the outcome is not satisfactory, the trainee should then approach their Clinical Tutor. If substantial difficulties are encountered, the Co-Director (Practice Learning & Trainee Management) must be involved and may need to take action.
In light of the Francis report, any trainee with concerns about poor practice within any part of the health service, should bring this to their placement supervisor’s and their clinical tutor’s attention. This can include unprofessional behaviour or unsafe systems of work. If a trainee witnesses practice that they are unsure about, it is advisable to discuss it with their supervisor or clinical tutor to aid reflection. Placement evaluation forms include a specific question regarding concerns about service practice, but it will usually be better to act immediately to discuss what has happened, rather than wait until completing the form to raise a concern. If, for any reason, a trainee is involved in a serious untoward incident (SUI) whilst on placement, they should ensure their placement supervisor and clinical tutor are aware as soon as possible.

Any supervisor who has concerns to do with the placement is strongly advised to contact a Clinical Tutor as quickly as possible. Any problem is best addressed at an early stage, as there are usually more options available to remedy the situation. If the Co-Director ((Practice Learning & Trainee Management) becomes formally involved, s/he will talk individually to the trainee, the supervisor and the Clinical Tutor. The Co-Director (Practice Learning & Trainee Management) will take the final decision as to whether the placement can continue (with extra monitoring by Clinical Tutor), or whether the trainee must change placements. If a placement change is decided upon, the Clinical Tutor will discuss options with the trainee.

**Feedback and Portfolio of Proficiencies forms**

At the Placement Review, in addition to the provision of feedback on progress, supervisors should raise any points of concern to allow the trainee time to improve. At the end of placement, supervisors should provide full feedback on the trainee’s clinical performance. This should be provided by agreeing the evidence and ratings provided by trainees on the Portfolio of Proficiencies form. Supervisors should also feel able to provide feedback to the Clinical Tutors at the placement review meetings and time is made available at these meetings for supervisors to meet with the Clinical Tutor without the trainee being present.

In providing feedback the supervisor should try to set aside personal feelings about the trainee, although it is important to feed back any unsatisfactory aspects of a trainee’s performance and behaviour (e.g. repeated lateness for appointments). Feedback should be detailed and constructive, and designed to help a trainee to develop effective and appropriate clinical and professional skills.

The supervisor and trainee agree a recommended rating for each area of core competence as acquired or not using the matrix included in the Portfolio of Proficiencies, and provide information on which this has been assessed. There are three possible recommendations: Pass / Referral / Fail. The referral recommendation is applied when either the trainee or supervisor are unsure that the evidence supplied is sufficient to pass. In this circumstance, the Clinical Tutor and Co-Director (Practice Learning & Trainee Management) will make the decision, based on the knowledge of the placement, trainee performance and supervisor. Each area of competence on which specific goals were set at the start of the placement must be acquired and passed for the whole placement to be passed. The case study component(s) must also be passed to successfully complete the module.

The trainee will also complete a feedback form. See Appendix B14. This allows the trainee to comment on the placement experience and supervision received.

All paperwork submitted as part of the placement review process is reviewed by the Clinical Tutor and by the Co-Director (Practice Learning & Trainee Management) where necessary. Where the evidence submitted does not match the recommendation of pass or fail by the supervisor, then the Clinical Tutor and Course Co-Director (Practice Learning & Trainee Management) may change the recommendation made by the supervisor to either a pass or a fail, as appropriate. This decision will be based on
reviewing the evidence submitted on the placement paperwork, and submitted to the external examiner.

**Clinically Based Assessments (Case Study) – the Clinical Practice Report**

The supervisor is also expected to supervise a clinically based assessment which describes in detail one aspect of the clinical work with a client, or clients, carried out by the trainee during the placement. It may be helpful to have several specific cases or small projects in mind from the start of the placement, which the trainee could develop into a clinical report. If this can be built into clinical placement experiences at the beginning, panic may be avoided at a later stage in the placement.

One case report is required for each placement. See Appendix B15 for an overview. The FPA case study is formative and only developmental feedback is offered. A satisfactory case study with a CBT focus could be included in a portfolio if a trainee wished to apply for accreditation through the BABCP. Four case studies are written reports, including the FPA formative submission (see Appendices B17, B18 and B19). The two other case studies are assessed either by oral presentation or by viva (see Appendices B20 and B21) and are delivered in the third year.

Work with adults, children, people with learning disabilities and older adults should be addressed by at least one case study each. Further, trainees are required to submit two CBT-focused case studies, usually in year 1, one evidence-based case study that is non CBT (usually years 2 or 3), one complex case study (usually years 2 or 3), and one “compare & contrast” case study which reviews two models.

Trainees are also required to share their completed case study with their supervisor prior to the end of their placement. Course staff will ask supervisors to sign to confirm that the case study adequately reflects work completed on the placement.

Case study guidelines which are in Appendices B17 - B21, are available from the course team; electronic versions can be found on Blackboard at UofL and on Moodle at UofN.

**Concerns about Clinical and Professional Competence**

If the placement supervisor considers that the practice or behaviour of the trainee raises serious concerns about their fitness for training as a clinical psychologist this should be dealt with under the *Fitness to Practise Procedure (section 15)*.

When concern is expressed about the behaviour, performance or competence of a trainee on a clinical placement, the supervisor should follow the Trent DClinPsy Fitness to Practise procedure (Joint Regulations, Appendix D1, annex C).

If the Clinical Tutor judges that the concern is such that the trainee may fail the placement, the following procedure will be invoked, culminating in the Co-Director (Practice Learning & Trainee Management) and Clinical Tutor taking the final decision as to the appropriate placement outcome.

The reasons for having such a procedure are as follows:

1. It is important that trainees receive the correct outcome (pass, referral or fail) for their placements.
2. To protect trainees from unfair judgements being made about their clinical competence.
3. To support supervisors when it is necessary to make a difficult decision over a trainee’s clinical competence.
The procedure will operate as follows:

1. If a supervisor has concerns over a trainee’s behaviour or competence, they should inform the Clinical Tutor as soon as possible.

2. If anyone else connected with the trainee on placement (e.g. a clinical psychologist or another professional with knowledge of the trainee’s activities, or a member of the programme team) has similar concerns they should initially discuss these with the named Clinical Tutor.

3. The Clinical Tutor will investigate the seriousness of the concern. If appropriate, the concern will be processed without invoking the remainder of this procedure.

4. If the concern is sufficiently serious, the trainee and supervisor will meet with the Clinical Tutor (and any other appropriate person) to identify clearly the concern and to draw up a remedial plan of action. This must clearly state what the trainee needs to do in order to address the concern and reach the required level of competence.

5. The next stage in the procedure occurs during the final week of the placement. First, the supervisor should agree with the trainee the content to be included in the Portfolio of Proficiencies form without assigning an overall pass/referral/fail grade, and the trainee should complete the Trainee’s Evaluation of Placement Form. They should then meet to discuss these.

6. The supervisor can grade the placement as “pass”, “referral” (where there is some uncertainty about the trainee’s performance and the supervisor is unable to make a recommendation) or “fail”. The grade offered by the supervisor is treated as a recommendation and the final decision over passing or failing a placement is taken by the Clinical Tutor, Co-Director (Practice Learning & Trainee Management), and ratified by the Programme Award Board/Exam Board (taught modules) or by the Annual Review Committee (research modules).

7. If the supervisor is unsure whether to pass a placement and thus feels that a “referral” or “fail” recommendation is more appropriate the supervisor should contact the Clinical Tutor as soon as possible.

8. A “referral” recommendation may also be appropriate in situations where a supervisor may have concerns with regards to a trainee’s performance which have not come to light until near the end of the placement. On these occasions, the Portfolio of Proficiencies form is completed with a recommended overall “referral” grade. The Clinical Tutor will discuss these issues separately with both the supervisor and the trainee (who may be accompanied by a trainee advocate) and decide on the overall final grade with the Co-Director (Practice Learning & Trainee Management).

9. On some occasions, the Clinical Tutor and Co-Director (Practice Learning & Trainee Management) may pass a trainee’s placement with the proviso that an area of concern is addressed on the next placement as an explicit goal of the new placement.

10. The final decision over the placement grade is taken by the Co-Director (Practice Learning & Trainee Management) and Clinical Tutor and ratified by the Programme Award Board/Exam Board (taught modules) or by the Annual Review Committee (research modules).

11. If a trainee fails a placement, they will have an opportunity to repeat it on the first occasion. A second placement failure constitutes a programme failure.
Transfer of information is important after a failed placement, so we expect trainees to tell subsequent supervisors about difficulties that have led to failing. If a trainee would like support or is unwilling to explain the problems, clinical tutors will share information with supervisors as required.

**Recovery plans**

A recovery plan will be put in place when a trainee experiences significant difficulty in an aspect of their training, for example, repeated failure on academic components, significant weaknesses identified at mid-placement meetings, etc. The recovery plan will be aimed at providing extra support to help the trainee overcome the specific areas of weakness. The plan could include extra supervision with a clinical supervisor, extra tutorials with university staff, a programme of further study, etc.

**Placements**

If a recovery plan is needed for a placement issue it is formulated by the Clinical Tutor, Supervisor, Trainee and Co-Director (Practice Learning & Trainee Management). The recovery plan is put into the Portfolio of Proficiencies so that it is clear which areas of the plan relate to which competences.

In the event of a recovery plan being necessary additional placement review meetings may be put in place to monitor and provide support to the Trainee. In exceptional circumstances a placement may be extended in order to allow for the recovery plan to work through.

**Academic Units**

If an academic recovery plan is needed it is normally formulated by the Academic Tutor, Research Tutor, Trainee and coordinated by a senior member of the programme team.
Summary of trainee responsibilities relating to placement paperwork in advance of all Placement Review Meetings:

1. **Portfolio of Proficiencies** Part A Ratings form:
   - Trainees must have updated the evidence relating to placement goals.
   - Trainees must have had a discussion with their supervisor about their level of competence for each of the areas of core competence in the*Portfolio of Proficiencies*. This should result in a set of agreed recommended ratings of competence for each area based on the matrix in the *Portfolio of Proficiencies* Part A Ratings document.

2. **Portfolio of Proficiencies** Part B Client Log:
   - Trainees must have updated the list of clients seen to provide a cumulative record of clinical work so far. Each client should appear only once in the Client Log and trainees should update the information for each client when they update the Client Log. Trainees should complete all sections of the Client Log and should ensure that the number, length and type of sessions is clear and that collaborators, etc, are correctly listed. Also, any information relating to diversity should be completed in a sensitive and culturally appropriate manner, with reference to standard classifications of, for example, ethnic origin.

3. Trainees must email the *Portfolio of Proficiencies* Ratings and the Client Log to the Clinical Tutor at least one week in advance of the placement review meeting.

4. **Trainee Evaluation of Placement & Supervisor form:**
   
   NB The form can be found on Moodle and Blackboard.

   **Mid placement visit**
   - Trainees should complete the form ready for discussion at the placement meeting, particularly including any concerns.

   **Final placement visit**
   - Trainees must have printed and signed the fully completed form ready to give to their Clinical Tutor at the meeting.

Trainees should note that completing the placement paperwork is a placement requirement and forms part of the evidence on which the supervisor’s recommendation of pass or fail is evaluated against.

**Supervision Logs**

All trainees, whether Lincoln- or Nottingham-based should send their supervision logs to Jennifer Taylor at Lincoln – see Section 11 Programme Staff for contact details.
### 7. Assessments

The programme employs a variety of forms of assessment; including PBL exercises, essays, written assignments, research reports, poster and oral presentations, clinical practice reports, evaluations of clinical practice and supervisor ratings. The current schedule of assessments for the programme is given below. **All details including dates are provisional and subject to confirmation by the module convenor.**

**Table 5: Assessments for 16/17**

* Consult the Research Handbook for more information about RPV submission and dates

#### 2016 intake

<table>
<thead>
<tr>
<th>Module (Acronym * &amp; Title)</th>
<th>Assessment</th>
<th>Provisional Hand in Dates</th>
<th>Module Convenor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRS - Professional Skills (PSY9189M; C84PRS)</td>
<td>PBL Presentation (formative)</td>
<td>Tu 29 Nov 16</td>
<td>MG/TS</td>
</tr>
<tr>
<td></td>
<td>PBL Role Play 1 (formative)</td>
<td>Mo 5 Dec 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PBL Role Play 2 (formative/summative)</td>
<td>Mo 12 Dec 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PBL Role Play 3 (summative)</td>
<td>Th 22 Dec 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reflective Essay (formative)</td>
<td>Mo 9 Jan 17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PBL Presentation (summative)</td>
<td>Mo 16 Jan 17</td>
<td></td>
</tr>
<tr>
<td>ICI - Individual Client Interventions (PSY9175M; C84ICI)</td>
<td>WAIS passout</td>
<td>Fr 20 Jan 17</td>
<td>RSF</td>
</tr>
<tr>
<td></td>
<td>PBL Role Play 1 (formative)</td>
<td>Fri 7 Apr 17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PBL Role Play 2 (formative/summative)</td>
<td>Fr 5 May 17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PBL Role Play 3 (summative)</td>
<td>Mo 22 May 17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PBL Written Reports</td>
<td>Mo 12 Jun 17</td>
<td></td>
</tr>
<tr>
<td>RDE - Research Design &amp; Ethics &amp; (PSY9209M; C85RDE)</td>
<td>Research Proposal Clinics</td>
<td>Fr 2 Dec 16</td>
<td>NGM</td>
</tr>
<tr>
<td></td>
<td>Research Proposal Panels (formative)</td>
<td>Fr 3 &amp; 10 Feb 17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Research Protocol (summative)</td>
<td>Mo 20 Mar 17</td>
<td></td>
</tr>
<tr>
<td>RLS – Systematic Literature Review (PSY9210M; C85RLS)</td>
<td>Syst. Literature Review</td>
<td>Mo 14 Aug 17</td>
<td>DD</td>
</tr>
<tr>
<td>FPA - Foundation Placement A (PSY9176M; C84FPA)</td>
<td>Case Study (formative)</td>
<td>Mo 27 Mar 17</td>
<td>LB</td>
</tr>
<tr>
<td>FPB - Foundation Placement B (PSY9190M); C85FPB</td>
<td>Case Study (4000 words)</td>
<td>Mo 4 Sep 17</td>
<td>LB</td>
</tr>
</tbody>
</table>

#### 2015 intake

<table>
<thead>
<tr>
<th>Module (Acronym * &amp; Title)</th>
<th>Assessment</th>
<th>Provisional Hand in Dates</th>
<th>Module Convenor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISO – Integration &amp; Specialist Options (PSY9203M; C85ISO)</td>
<td>Essay with reflective section (4000 words)</td>
<td>Mo 10 Apr 17</td>
<td>AT</td>
</tr>
<tr>
<td>SYP – Second Year Placements (A) (PSY9204M; C85SYP)</td>
<td>Case Study (4000 words)</td>
<td>Mo 13 Mar 17</td>
<td>SS</td>
</tr>
<tr>
<td></td>
<td>APE (1500 words)</td>
<td>Mo 13 Mar 17</td>
<td></td>
</tr>
<tr>
<td>LSD – Lifespan Development (PSY9202M; C85LSD)</td>
<td>Essay &amp; reflective section (4000 words)</td>
<td>Mo 22 May 17</td>
<td>DdB &amp; new UofL AT</td>
</tr>
<tr>
<td>SYP – Second Year Placements (B) (PSY9204M; C85SYP)</td>
<td>Case Study (4000 words)</td>
<td>Mo 21 Aug 17</td>
<td>SS</td>
</tr>
<tr>
<td></td>
<td>APE (1500 words)</td>
<td>Mo 21 Aug 17</td>
<td></td>
</tr>
</tbody>
</table>

#### 2014 intake

<table>
<thead>
<tr>
<th>Module (Acronym * &amp; Title)</th>
<th>Assessment</th>
<th>Provisional Hand in Dates</th>
<th>Module Convenor</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGI – Families, Groups &amp; Indirect Work (PSY9206M; C85FGI)</td>
<td>PBL Role play</td>
<td>Mo 19 Dec 16</td>
<td>New UofL AT</td>
</tr>
<tr>
<td></td>
<td>PBL Report</td>
<td>Mon 6 Feb 17</td>
<td></td>
</tr>
<tr>
<td>SOS – Systems &amp; Organisations (PSY9207M; C85SOS)</td>
<td>Written Plan Presentation (handin) Presentations</td>
<td>Mo 12 Jun 17</td>
<td>VH</td>
</tr>
<tr>
<td></td>
<td>Notification of Intent to Submit Panel Presentation Thesis Viva voce</td>
<td>Fr 23 Jun 17</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mo 26 Jun 17</td>
<td></td>
</tr>
<tr>
<td>RPV * – Research Portfolio &amp; Viva (PSY9215M TBC; C85RPV)</td>
<td>Revised Journal Paper &amp; final thesis submission</td>
<td>We 5 Oct 16</td>
<td>RdN &amp; DD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mo 28 Nov &amp; 9 Dec 16 Fr 6 Jan</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Mo-Fr 13-17 Mar 17</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>For trainees unable to meet these deadlines, a second set of submission deadlines will be scheduled. Affected trainees will be advised of dates as required.</td>
<td></td>
</tr>
<tr>
<td>TYP - Placement 4/5: Specialist / Final (PSY9212M; C85TYP)</td>
<td>Clinical Case Notes Clinical Viva</td>
<td>Th 13 Apr 17</td>
<td>NM</td>
</tr>
<tr>
<td></td>
<td>Oral Case Presentation</td>
<td>Th 20 Apr 17</td>
<td></td>
</tr>
<tr>
<td>TYP - Placement 4/5: Specialist / Final (PSY9212M; C85TYP)</td>
<td>Case study (handin)</td>
<td>Th 17 Aug 17</td>
<td>NM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fr 18 Aug 17</td>
<td></td>
</tr>
</tbody>
</table>
Electronic Discussion Boards

Module specific discussion boards can be used for any queries about assessment guidelines and to ensure that all trainees have equal access to information.

Guidelines for Coursework

Coursework must be submitted by the prescribed deadlines (10am on the published hand in date).

If the assessment is a scheduled oral assessment (e.g. role play, presentation or viva), the Universities stipulate that you must provide documentary evidence of the circumstances preventing you from attending an oral assessment, regardless of the extension required. Please supple this to the module convenor at the earliest opportunity.

The programme requires electronic submission of coursework but there are some exceptions, and some modules require additional materials (e.g. DVDs, confirmation of consent for case studies) to be submitted as part of the assessment.

Please see Appendix E3 for information on handin procedures in terms of format (electronic or physical), location (Lincoln and/or Nottingham), etc, along with Appendix G5 for instructions on online systems, UoFL Blackboard and UoFN Moodle.

Please note, that by submitting an assignment to Moodle, you will be confirming that your performance has not been impaired by extenuating circumstances.

Late or Incomplete Submissions

Trainees should make a note of the Paper ID (receipt number) for electronic submissions. If a Paper ID is not issued, trainees must assume that the submission was unsuccessful and should take appropriate action (for instance, retry submission or contact the course administrator and module convenor if repeatedly unsuccessful). If all else fails, trainees should email their final submission to the course administrator before the deadline. It is this submission that will be marked. If it arrives after the deadline, the assignment will be graded as a fail for trainees in the 15 and 16 intakes. For trainees in the 14 intake, please see this section in the Programme Handbook 1415.

Requesting an Extension and Extenuating Circumstances

The programme’s policy is part of the Joint Regulations and can be found in the Joint Regulations, Appendix D1, annex B. For an explanation and a list of FAQs, see Appendix E4, ‘If at first you don’t succeed...’

Academic Appeals

Broadly speaking, once an assessment result has been confirmed by the Board of Examiners (taught component) or the Annual Review Committee (research component), the substantive decision cannot be appealed. There may however be appeals on the grounds of procedural irregularity or prejudice. Both universities have detailed procedures for Academic Appeals. These can be found on-line at http://www.nottingham.ac.uk/academicservices/qualitymanual/complaintsandappeals/academic-appeals-policy-and-procedure.aspx for Nottingham and http://secretariat.blogs.lincoln.ac.uk/student-contention/academic-reviews-and-appeals/ for Lincoln.
Coursework Style & Presentation

Please bear in mind that this is a doctoral level programme and that adequate presentation of coursework is part of your employment duties. Please read the following instructions carefully. Poor standards of presentation may lead to module failure. Format and presentation will be detailed in guidelines for an assignment.

For all your examinable written coursework, please use the programme's corporate fonts: Arial or Verdana, 12 point. Your work should be single spaced, on white background, without using colour.


You should aim to write no more than the prescribed number of words for each piece of work. The word count includes everything, such as tables, figures and footnotes, but excludes reference section or appendices, unless otherwise stated in the relevant assessment guidelines for the module. If you write more than the prescribed number of words, anything above the required words will be ignored and will not be marked. Indicate at the end of your work how many words you have used. Word count checks are automatically made when the piece of work is electronically submitted. Please note, appendices are not marked unless specified but are appropriate for illustrations and examples.

NB There is an option to include textboxes, footnotes and endnotes (tick box) in Word when using Word Count.

A footer must be incorporated with the following information: DCP for DClinPsy, module acronym, academic year of the assessment, the UofN and UofL student IDs, [assessment name], plus page number of pages

e.g. PRS 1617 4289999 17199999 Essay page 2 of 11.

A footer that is very near the bottom of the page may not be visible in Moodle and Blackboard. Therefore, please ensure that you use suitably wide/high margins (top, bottom, left and right) to allow the footer to be high enough to be visible (whether portrait or landscape).

Please see Appendix E3 for details of [assessment name] and information on the file name and submission title, which all follow the same pattern. Also please see the Student Guide (DClinPsy) Online Submission for Blackboard or Moodle.

Give yourself enough time to check through your submission in Turnitin after you’ve completed it – the layout of figures, etc, sometimes changes and formatting may need to be amended.

Please note that a submission without the correct footer is an incomplete submission.

When a non-electronic handin is required, generally, your work should be single spaced, on white A4 paper, double-sided, printed in black ink and presented loose leaf, unbound and unstapled, in a transparent file pocket. However, there may be module guidelines that supersede this.
Please also remember not to include identifying personal information in either headers or footers and remember the plagiarism declaration you made at the beginning of the programme – see next section.

**Plagiarism (presenting other’s work as your own)**

Plagiarism is regarded as a very serious offence. The position is as follows:

(i) It is an academic offence for a trainee to use another person’s work and to submit it with the intent that it should be taken as his or her own.

(ii) Ignorance of the guidelines on plagiarism is no defence.

(iii) Any academic offence of plagiarism committed by a postgraduate student is a ‘major offence’.

It should be obvious from the above that plagiarism is taken very seriously by the universities and, in the worst case scenario, could result in trainees having to leave the course and having their employment terminated. Please note that plagiarism does not always simply involve copying published work and passing it off as your own. When attempting to paraphrase the views of another author, it is essential that you use your own words, as well as clearly citing the source of the ideas. If you want to use the same words used in published work, then this should be shown in your work as a quotation and presented appropriately. In some cases, the plagiarism may relate to copying the work of other trainees. Please understand that such “copying” is plagiarism and is subject to the same regulations and sanctions as copying from published work.

Staff who assess your work are alert to these issues. **All electronic written submissions are automatically screened by plagiarism software and compared to published and unpublished resources including student submissions from all universities.**

For further information on academic integrity when writing and how to avoid plagiarism please see:

**Lincoln**

- **Academic Information**
  Useful sources and overviews of the issues on plagiarism and referencing can be found by searching for “plagiarism” or “referencing” at http://library.lincoln.ac.uk/

  Pages with information on Academic Offences can be found at http://secretariat.blogs.lincoln.ac.uk/student-contention/academic-offences/

**Nottingham**

- **Quality Manual**
  Information about academic offences including plagiarism.
  http://www.nottingham.ac.uk/academicservices/qualitymanual/assessmentandapl/academicoffences.aspx

- **Studying Effectively – Referencing & Citing)**
  Useful information with links to guides, lecture presentations, courses, references, etc, some of which have links to interactive tutorials & quizzes.
  http://www.nottingham.ac.uk/studyingeffectively/writing/referencing/index.aspx

- **Moodle** (you need your UoN userid & password)
  Doctorate in Clinical Psychology
  A section in the main DClinPsy area on Moodle has useful documents with further links to other resources.
TurnitinUK, text-matching tool
This is the UofN plagiarism checking tool provided by TurnitinUK.
It is a voluntary system for students to submit written work for potential plagiarism matching and formative writing feedback prior to submitting assignments. Uploading work here does not constitute a formal submission. It includes instructions on how to upload your work through Turnitin in Moodle and using Turnitin to check for possible plagiarism.

Plagiarism & Group Working
We encourage group working, not only because on occasions it is the most appropriate way of working, but also because it helps the development of relevant professional and social skills. This is particularly so in relation to PBL exercises and self-managed learning groups. Working with other people is a good and enjoyable way to learn and revise. However, there is a difference between working with others but producing your own ‘deliverables’ and simply copying what those others have done or copying from a single joint ‘deliverable’.

All coursework has to be your own and you are not allowed to copy from other trainees even if you are working with them. Of course, with group working, there will be overlap and similarity, but there must not be copying which would constitute plagiarism. Each trainee must think through this issue and decide where group working ends and plagiarism (copying) begins.

Fitness to Practise Declaration
It is your professional duty as an NHS employee to be aware of whether or not your performance is affected by ill-health or personal circumstances. Coursework assessments are part of your employment duties. If you think your performance or any assessment is affected by ill-health or personal circumstances you must inform the module convenor and Clinical Tutor in advance of the hand in date.

PLEASE READ THE COMBINED PLAGIARISM AND FITNESS TO PRACTISE / WORK DECLARATION AT THE BACK OF THIS HANDBOOK – see Appendix E2. YOU WILL BE ASKED TO SIGN A COPY DURING INDUCTION WEEK TO CONFIRM THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE.
How your work is assessed

The outcome of summative assessments on a doctoral programme is Pass or Fail. There are no ‘merit’ or ‘distinction’ categories. In addition to the Pass/Fail grade, markers will provide you with detailed formative feedback, indicating the strengths and weaknesses of your work and how it could be improved.

The quality of your work is reduced by poor presentation. This includes failure to use house style, failure to observe APA style guidance, incorrect referencing, poor proof reading (as evidenced, for example, by poor grammatical construction and spelling errors) and failure to observe anonymity and confidentiality in clinical case studies. Such inadequacies could risk lowering the standard of your work to below pass level. Proper presentation and proof reading of your work is therefore extremely important!

Turnaround (marking) time

For First Submissions

For anything other than the thesis, we aim, wherever possible, to return marks and feedback on the Friday morning following six weeks post submission. If delayed, feedback will be returned the following Friday.

For Extensions & Resubmissions

For any submission where a trainee has not handed in as per timetable (ie, has had an extension) and for all resubmissions, the programme cannot guarantee normal turnaround time.

How feedback and marks are returned

Trainees will receive by email assignment feedback consisting of a provisional pass or fail mark, detailed formative feedback (containing the comments of at least two markers) and a summary statement. Feedback to all trainees on a module will normally be sent on the same date. Sometimes it may be helpful for trainees to have an annotated copy of their work but please be aware that not all markers annotate hard copy. If an annotated copy is mentioned in the feedback, contact admin staff re annotated hard copies.

For the taught component of the programme, all pass/fail decisions are provisional until confirmed by the Exam Board. Samples of work are sent to the Programme’s External Examiners to ensure that pass/fail decisions and feedback are consistent with national standards.

If you want to discuss your formative feedback, please contact your personal tutor (or academic research supervisor in the case of research assignments) and do not contact markers directly. The only exception to this is if the feedback relates to an oral presentation where your personal tutor was not present. In this case, contact the marker.

Please note that there may be variation in markers’ formative feedback. As a doctoral trainee it is part of your role to critically evaluate such feedback, synthesise it creatively and develop your own original perspective and remedial strategies.

At certain times of the year, your marks will be available on Blackboard and Blue Castle. The time may not coincide with the DClinPsy assessment timetable: some publications times will be approximately 1 week after an exam board in Lincoln; access to Blue Castle
follows UG and MSc timetable closely and so marks may not be available on Blue Castle immediately.

**Resubmissions**

If a trainee receives feedback that they have failed an assignment, they will be informed of the resubmission / resit date by the module convenor.

For questions relating to failed assessments and resubmissions, please see Appendix E4 ‘If at first you don’t succeed...’

**Recordings of formative assessments**

Recordings of summative assessment will not be provided.

In relation to recordings of formative assessments, please refer to the relevant module handbook.
8. Programme Regulations

The Joint Programme Regulations, which supersede the regulations of both universities, are included as Appendix D1.

Trainees are required to attend all teaching sessions as a condition of NHS employment, including Reflective Practice Group sessions.

Progression and Awards – Research Component

Progress towards the completion of the thesis is assessed at the endpoint of each module, where a pass/fail decision is made.

Progress is monitored in Annual Reviews at the end of the first and second years via the Research Annual Review form (see Research Handbook Section 4). Annual Reviews are undertaken by the Annual Review Committee. As a minimum, this consists of the trainee’s Primary Academic Research Supervisor and an External Assessor appointed from the Division of Psychiatry and Applied Psychology at Nottingham or the School of Psychology at Lincoln.

The three placements that are assessed by supervisors’ reports and written clinical case studies (FPB, SYP A and SYP B) are subject to the restriction of reassessment opportunities applying to all placements (i.e. failing more than one placement, however assessed, results in programme termination).

Following the failure of any of the modular components, a written warning is sent to the student, advising on the consequences of further failure.

An ad hoc meeting of the Annual Review Committee is convened if a trainee consistently fails to make progress or has failed a module and exhausted the permitted reassessment opportunities. This meeting can recommend termination of the trainee’s programme of studies.

To be eligible for the award of the Doctorate in Clinical Psychology, trainees must have passed and completed all modules within the Research Component of the programme.

Progression and Awards – Taught Component

Where trainees have outstanding submissions, the Exam Board has the discretion to allow trainees to proceed to the next year and participate in the academic programme pending formal progression.

Progression to Year 2
To proceed to year 2, trainees must have accumulated at least 30 credits from year 1. To progress to year 2 of the programme trainees must pass each individual summative component of all first year modules - there is no ‘internal compensation’. The modules are:
- Professional Skills (PRS)
- Individual Client Interventions (ICI)
- Foundation Placement (FPA)

Progression to Year 3
To progress to year 3 of the programme trainees must pass each individual summative component of both second year modules - there is no ‘internal compensation’. The modules are:
- Lifespan Development (LSD)
- Integration & Specialist Options (ISO)
Award of Doctorate in Clinical Psychology

To be awarded the Doctorate in Clinical Psychology, trainees must, in addition to passing the research component of the programme, meet the requirements above and must pass each individual summative component of all third year modules - there is no ‘internal compensation’. The modules are:

- Families, Groups and Indirect Work (FGI)
- Systems and Organisations (SOS)
- Placement 4 – Specialist (TYP)
- Placement 5 – Final (TYP)

The final decision to award the Doctorate in Clinical Psychology rests with the Exam Board.

Regulations for reassessment of failed modules

As this is a doctoral programme leading to a professional qualification, the regulations for reassessment differ from those on many other types of university programmes. In general, the assessment for any failed module can only be resubmitted once. Failure of a resubmitted assessment leads to failure of the entire programme and termination of the employment contract with the NHS.

In particular, the regulations for reassessment of failed modules are as follows:

Resubmissions are graded as either pass or fail. Placement assessments are also graded on a “pass” or “fail” basis. Where modules are assessed by more than one component, all components must be passed (there is no internal compensation).

Placements are assessed by the trainee’s supervisor, Clinical Tutor and, where appropriate, Co-Director (Practice Learning & Trainee Management). Supervisor assessments (pass/referral/fail) are regarded as recommendations to the Board of Examiners: the final decision to pass or fail the placement is made by the Board of Examiners.

Trainees will be permitted to resit as follows:

- Academic modules:
  One module assessed by a Practice Based Learning Assessment and three academic modules assessed through other means during the course of the 3-year programme.

- Placement modules:
  Placements are assessed by a combination of case studies (written and oral), clinical vivas and by clinical assessments. Students will be permitted to resit one placement once (failed by either a case study or by a clinical assessment) with the agreement of the commissioners, currently Health Education East Midlands (Local Education Training Board (LETB) for the East Midlands area), to continue funding an extension of the student’s employment and studies) during the course of the 3-year programme.

- Research modules:
  Trainees will be permitted to resubmit the assessment for all research modules once. In addition, trainees may re-take the viva voce examination once.
A candidate for the degree of DClinPsy who passes the viva voce examination may be required to make corrections and modifications to the thesis to the satisfaction of the Internal Examiner, or the Internal and External Examiners.

Trainees who fail a resubmission or exceed the permitted number of module failures will fail the programme and consequently their contract of NHS employment will be terminated.

Any module failure results in trainees being charged a resit fee of £130 per term (correct at August 2014) by University of Nottingham, regardless of where they are registered.

Alternative Awards

Trainees who have failed to meet the requirements for the award of the degree of Doctor of Clinical Psychology may be considered by the Board of Examiners for the award of the degree of MSc in Applied Psychology. This award neither allows registration with the Health and Care Professions Council (HCPC) nor confers eligibility for chartered status with the British Psychological Society (BPS).

Registration with the Health and Care Professions Council

In order to register with the HCPC, trainees should refer to the following website: www.hcpc-uk.org. There is a section for prospective registrants and an application pack. See Section 16 for information on the HCPC.
9. Teaching Quality and Trainee Representation

Improving the quality of the programme is an important and continuous process and we require the help of trainees to do it. At the heart of our quality management is staff-trainee dialogue and there are three ways in which trainees can contribute their views on all aspects of the programme.

Course Training Committee

At the start of each academic year, the body of trainees elects two representatives from each cohort, to liaise with the academic staff and to attend the Course Training Committee (CTC) meetings to provide trainee feedback on the programme.

The CTC meets at least three times a year. It oversees the delivery of the programme and receives and approves the Annual Report which incorporates reports from its subcommittees. It is chaired by one of the Service Heads/Representatives of the three Stakeholder Trusts in biannual rotation. The Chair of the Regional Training Advisory Group (RTAG) is an ex-officio member of CTC.

Minutes of CTC meetings are posted on the programme’s electronic notice boards (Moodle at University of Nottingham and Blackboard at University of Lincoln). Trainees should pass all issues of concern, relating to the content of the programme and its organisation, to their elected representatives. Terms of reference for this and other programme committees are available within the programme information at University of Nottingham Moodle and University of Lincoln Blackboard sites.

There are currently four subcommittees reporting to CTC:

1. The Academic Programme Subcommittee meets at least twice a year and oversees and reviews the taught components of the programme. It is chaired by the Co-Director (Academic & Research) and receives reports from Year Tutors and Module Convenors / Unit Leaders, considers External Examiner reports and the programme team’s responses, and receives feedback from its three (one per year group) trainee representatives.

2. The Research Subcommittee meets at least twice a year and oversees and reviews the research components of the programme. It is chaired by the Co-Director (Academic & Research), receives reports from the Research Tutors and considers External Examiner reports and the programme team’s responses. Each trainee cohort has one representative on the committee.

3. The Selection Subcommittee meets at least twice a year and oversees the implementation of the Selection Policy. It is chaired by the Co-Director (Practice Learning & Trainee Management), monitors and reviews shortlisting and selection procedure, receives feedback from its trainee representatives (two from the 1st year; one from the 2nd year; one from the 3rd year).

4. The Supervisors’ Subcommittee meets at least twice a year and oversees and reviews the practice learning component of the programme. It is chaired by one of the supervisors’ representatives, monitors the Trusts’ provision of clinical placements and the procedures for assessing placement quality, receives feedback from its trainee representatives (two from each cohort), and receives the Clinical Tutors’ report.
The Committee and Reporting Structure of the programme is shown in Appendix G1. How to make best use of trainee representation is covered in Appendix G2. Appendix G3 summarises all committees, their terms of reference and their current membership and scheduled dates.

**Teaching Session and Module Evaluations**

The Module Convenor is responsible for gathering trainee views and evaluations on the content, assessment and organisation of the individual units. Because of the different nature of the modules within the programme, different forms of evaluation are used, including session questionnaires and end-of-semester plenary groups.

Feedback is fed into the module convenors’ reports which also incorporate trainee performance and attendance data. These provide the basis for discussion at the Academic Programme Subcommittee, which includes all staff involved in teaching the programme, NHS module advisors and trainee representatives. The module convenors’ reports also identify problems/issues in the presentation of a module and propose actions in response to them. The reports are collated for inclusion in the annual report.

**Placement Evaluations**

In addition to providing feedback on the formal teaching, every trainee will complete a feedback form for each clinical placement they undertake. This allows the trainee the opportunity to comment on the placement experience and supervision received. The feedback forms will be received by the Supervisors Subcommittee for consideration; the subcommittee is also responsible for monitoring any actions proposed in relation to a placement.

Trainee participation and representation play a vital role in improving the quality of the programme. Trainee representatives should seek the views of their colleagues, attend committee meetings and arrange for a deputy, in case they cannot attend. (See Appendix G2: How to make best use of trainee representation). An example of the list of upcoming committee meetings is in Appendix G3. Updated versions will be available on UofL Blackboard and on UofN Moodle.
10. Complaints

There are numerous opportunities on the programme for trainees to offer feedback and constructive criticism (see previous section and Appendix G2). There may however be instances where a trainee wants to express dissatisfaction individually or to a specific person. Both universities have detailed Student Complaints procedures.

These can be found at:
and
http://secretariat.blogs.lincoln.ac.uk/student-contention/student-complaints/

In the first instance, we will try and resolve complaints informally. Trainees should seek to address their complaint directly to the person or parties concerned. Face-to-face discussions are often helpful in resolving complaints swiftly. Trainees may also wish to discuss the matter with their Personal Tutor (see Appendix F1). If the complaint cannot be resolved with the person concerned, trainees should address their complaint to one of the Co-Directors, who will seek to facilitate a solution.

If the complaint can still not be resolved in a satisfactory manner, trainees should follow the Student Complaints procedure of the university where the person concerned is based.

Complaints relating to clinical placements may be more appropriately taken up within NHS procedures. If they cannot be resolved directly with the person concerned, trainees should address them to their Clinical Tutor (see also section 6, ‘In case of placement difficulties’).
11. Programme Staff

The programme team is made up of the following people:

**Academic Staff**

*Thomas Schröder (TS):* Course Co-Director (Academic & Research) (0.8 on the programme)
*Monday to Friday (with variation for clinical and research work)*
Thomas is based in Nottingham and also holds an appointment as Honorary Consultant Clinical Psychologist with Nottinghamshire Healthcare NHS Trust.
☎ 0115 846 8181, ✉ thomas.schroder@nottingham.ac.uk

*Mark Gresswell (MG):* Course Co-Director (Practice Learning & Trainee Management) (0.8 on the programme)
*Monday, Wednesday, Thursday & Friday*
Mark is based in Lincoln and also works in the Adult Psychology Service with Lincolnshire Partnership Foundation NHS Trust.
☎ 01522 886 620, ✉ mgresswell@lincoln.ac.uk

*Louise Braham (LB):* Senior Clinical Tutor (0.6 on the programme)
*Monday, Thursday & Friday*
Louise is based in Nottingham and also holds an appointment as Clinical Lead Consultant Clinical & Forensic Psychologist and Responsible Clinician in Adult Forensic mental health at Rampton Hospital, part of Nottinghamshire Healthcare NHS Trust.
☎ 0115 846 6878, mob 07825 204 952, ✉ louise.braham@nottingham.ac.uk

*Nick Moore (NM):* Senior Clinical Tutor (0.6 on the programme)
*Tuesday, Wednesday & Thursday*
Nick is based in Nottingham and also works in the Buxton CMHT in Derbyshire, part of Derbyshire Healthcare Foundation NHS Trust.
☎ 0115 846 6878, mob 07769 886 051, ✉ nick.moore@nottingham.ac.uk

*Sharron Smith (SS):* Senior Clinical Tutor (0.6 on the programme)
*Monday, Thursday & Friday*
Sharron is based in Lincoln and also holds an appointment in adult mental health with Nottinghamshire Healthcare NHS Trust.
☎ 01522 837 012, mob 07843 658 961, ✉ shsmith@lincoln.ac.uk

*Anna Symonds (AS):* Clinical Tutor (0.4 on the programme)
*Monday & Tuesday*
Anna is based in Lincoln and also works privately in Nottingham with Children and Adolescents.
☎ 01522 886 095, mob 07887 871 847, ✉ asymonds@lincoln.ac.uk

*Danielle de Boos (DDB):* Academic Tutor (0.6 on the Programme)
*Monday, Thursday & Friday*
Danielle is based in Nottingham and also works within Nottinghamshire Healthcare NHS Trust.
☎ 0115 823 2204, ✉ danielle.deboos@nottingham.ac.uk

*Roshan das Nair (RdN):* Research Tutor (0.2 on the programme)
*Monday & Friday*
Roshan is based in Nottingham and works as a Consultant Psychologist in HIV & Sexual Health with Nottingham University Hospitals NHS Trust and is an Honorary Associate Professor at the Division of Rehabilitation & Ageing at the University of Nottingham.
☎ 0115 846 8314, ✉ roshan.nair@nottingham.ac.uk
**David Dawson (DD):** Research Tutor (0.6 on the programme)

*Monday, Thursday & Friday*

David is based in Lincoln for 3 days per week and is actively engaged in research at the University of Lincoln for the other 2 days per week.

📞 01522 837 336, ✉️ ddawson@lincoln.ac.uk

**Nima Goliangi Moghaddam (NGM):** Research Tutor (0.6 on the programme)

*Monday, Thursday & Friday*

Nima is based in Lincoln. His working week is split between tutoring on the programme (three days) and undertaking research (two days).

📞 01522 837 733, ✉️ nmoghaddam@lincoln.ac.uk

**Rachel Sabin-Farrell (RSF):** Senior Academic Tutor (0.4 on the programme)

*Monday & Thursday*

Rachel is based in Nottingham and also works in Adult Clinical Psychology Services in Kirkby-in-Ashfield, part of Nottinghamshire Healthcare NHS Trust.

📞 0115 846 6734, ✉️ rachel.sabin-farrell@nottingham.ac.uk

**Vanessa Hewitt (VH):** Academic/Research Tutor (0.6 on the programme)

*Tuesday, Thursday & one other day*

Vanessa is based in Nottingham and also works in perinatal services for Nottinghamshire Healthcare NHS Trust.

📞 0115 823 2204, ✉️ vanessa.hewitt@nottingham.ac.uk

**Anna Tickle (AT):** Academic/Research Tutor (0.4 on the programme)

*Monday & Thursday*

Anna is based in Nottingham and also works in Learning Disabilities for Nottinghamshire Healthcare NHS Trust.

📞 0115 823 2203, ✉️ anna.tickle@nottingham.ac.uk

**Administrative Staff**

**Judith Tompkins (JT):** Senior Course Administrator at Lincoln (1.0 fte) *(Mon-Fri)*

Judith joined the programme team in January 2005. Prior to this she has had 30 years administrative experience in universities and the NHS, including over 5 years as an ECR and Service Manager for Oxfordshire Mental Healthcare NHS Trust.

📞 01522 886 029, ✉️ jtompkins@lincoln.ac.uk

**Sheila Templer (SPT):** Senior Course Administrator at Nottingham (0.8 fte) *(Mon-Thu)*

Sheila joined the programme team in July 2005. She has worked in scientific publishing, IT and further education colleges.

📞 0115 846 6646, ✉️ sheila.templer@nottingham.ac.uk

**Richard Wylde (RW):** Assistant Course Administrator (0.4 fte) *(Mon & Tue)*

Richard joined the programme team in September 2007 and is based in Lincoln.

📞 01522 886 972, ✉️ rwylde@lincoln.ac.uk

**Claire Hamerton (CH):** Assistant Course Administrator (0.6 fte) *(Wed-Fri)*

Claire joined the programme team in January 2008 and is based in Nottingham. She is also a fine artist and textile designer.

📞 0115 823 2211, ✉️ claire.hamerton@nottingham.ac.uk

**Jennifer Taylor (JAT):** Assistant Course Administrator (0.4 fte) *(Thu & Fri)*

Jennifer joined the programme team in January 2009 and is based in Lincoln. Prior to this, she worked for a number of years in the NHS.

📞 01522 886 972, ✉️ jtaylor@lincoln.ac.uk
Sarah Hardie: Assistant Course Administrator (0.4 fte) (Mon, Tue & Thu)
Sarah joined the programme team in September 2011 and is based in Nottingham. Prior to this she worked in grant making and administration in the voluntary sector. ☎ 0115 823 2211, ✉️ sarah.hardie@nottingham.ac.uk

Please note that the days that staff work on the programme are indicative only and may vary.

**NB:** Any issues you wish to raise will be brought to the attention of the External Examiner in a timely manner by the Course Director. All issues should be raised via your course representatives or Course Director, not through direct contact with the External Examiner.

**External Examiners**

The External Examiners are:

Jo Kucharska (Coventry University) for the 14 intake;
David Winter (Hertfordshire University) for the 15 intake;
Christine Blincoe (Bangor University) for the 16 intake.
12. Trainee Support and Personal Development

Principles

This policy is based on the following principles:

- Personal and professional development is part of a lifelong learning process. New trainees starting on the Trent programme bring to the training their own unique blend of competences and developmental needs, which give rise to their planned individual learning. Qualifying as a Clinical Psychologist marks the beginning of a continuous process of maintaining and developing competences which carries on throughout each individual’s career.

- This process comprises elements of the maintenance and development of skills, knowledge and experience; and elements of personal development, which enhance wellbeing at work and prevent stress and burnout.

- During training, personal and professional development is facilitated by specific processes, documentation, and support mechanisms.

- After completion of training, the process of personal and professional development is guided by the Health and Care Professions Council Standards of Proficiency and the HCPC Continuing Professional Development (CPD) requirements and regulated by the appraisal systems of employing organisations, most notably the NHS individual performance and Knowledge Skills Framework (KSF) reviews.

- Personal and Professional development on the Trent programme therefore needs to equip trainees with the competences and support to organise their future learning, to develop appropriate self-care, to comply with HCPC Standards of Proficiency, to use the British Psychological Society CPD framework, and to be conversant with the KSF and the Personal Development Plan requirements of the NHS, as their current and potential future employer.

Components

The programme’s personal and professional development policy comprises three components: Processes, Documentation and Support Mechanisms.

1. Processes
   1.1. Tutorials

Each semester, trainees have at least one individual meeting with their Personal Tutor; they may book a second tutorial if required. In addition, Personal Tutors (like all other members of the programme team) make themselves available (within reason) for informal consultations by email, telephone, or in person.

Tutorial groups are the same as for Practice Based Learning exercises and assessments.

In year 1, trainees will have a PBL group tutorial in the first semester.

If trainees request a group tutorial in years 2 and 3, they can be arranged.

Trainees should also refer to Appendix F1: How to make best use of your Personal Tutor.
1.2. Annual Reviews

See Appendices F1, F2, F3, F4 and F5 for information

1.3. Reflective Practice Groups

Reflective practice is a crucial component of trainees’ learning experience and of their professional and personal development. Trainees attend Reflective Practice Groups throughout the three years of the programme. Groups meet weekly or twice-weekly during the teaching semesters.

Reflective Practice Groups serve a number of functions depending on the interests and needs of the members at the various stages of the programme. They aim to be a safe space within which trainees can grow and respond to the challenges that clinical training and practice offers.

Reflective Practice Groups follow various formats including:

- An experiential group format facilitating self-reflection (see Appendix F6)
- A scientist/practitioner format based on sharing research experiences
- A reflective practitioner format based on case presentations

2. Documentation

A Portfolio of Proficiencies is maintained by trainees throughout their training. It is managed and moderated by the Clinical Tutor and a copy is held by the programme. The portfolio charts the trainee’s acquisition of competences and specific skills, facilitates reflection on achievements and gaps in learning, and informs tutorials and appraisals. An up-to-date copy is made available by the trainee to their Personal Tutor prior to the Annual Review.

The Tutorial Record form must be completed by trainees and it records a brief outline of topics discussed and any actions agreed in tutorials. It should be returned to the tutor within ONE WEEK of the meeting. It is stored electronically and is accessible to members of the programme team only.

For Derbyshire and Lincolnshire trainees, the Annual Review form records topics discussed in the annual appraisal under the headings of:
1. Competences reflected in the Portfolio of Proficiencies
2. Results of assessed work
3. The academic programme
4. Extracurricular learning (eg, conferences)
5. Work load and time management
6. Personal Development and Reflection

The outcome of the discussions is recorded in the form of:

1. Review of previous year’s objectives (except in year 1).
2. General objectives for the coming year.

For Nottinghamshire trainees, the Trust Annual Review forms are used. These are available from your Personal Tutor or the Trust intranet.

One copy of this form is held by the trainee, the other by the Personal Tutor.
Trainees should appraise their personal development throughout the programme. They are encouraged to keep a Reflective Journal, in which they may record experiences, observations and concerns, together with self-reflections in order to facilitate supervision and learning.

3. Support Mechanisms

A range of mechanisms is available to support trainees’ personal and professional development. Resources for these are located internally in the trainee cohorts and the programme team; and externally in the universities, employing authorities, and clinicians in the counties of Derbyshire, Lincolnshire and Nottinghamshire. Specific support mechanisms are as follows:

3.1. PBL Groups (Internal, Trainees, within cohorts)

From the beginning of the programme, trainees work together on their Practice Based Learning Exercises in groups of four. These groups stay together throughout the training. All members of the PBL group have the same Personal Tutor and have one group tutorial per semester.

3.2. Buddy System (Internal, Trainees, between cohorts)

New entrants on the programme have an opportunity of meeting up with second-year trainees during their first week, to form supportive pairs based on shared university sites and placement locations. Contact between the pairs is facilitated by a shared teaching day (Thursday) between the first two years.

3.3. Personal, Clinical and Research Tutors (Internal, Programme Team)

See 3.1. above and Appendix F1 “How to make best use of your Personal Tutor” and Research Handbook Section 1: “How to make best use of your Research Tutors”. Please note that personal tutors will not read drafts of academic assignments.

3.4. Mentoring System (External, Local Clinicians)

The programme maintains a list of local Clinical Psychologists, who have made themselves available as Mentors. Trainees can choose a mentor if they wish; the nature and frequency of contacts is negotiated between trainees and their mentors. See Appendices F11 & F12 for Guidelines on Mentoring for Trainees and Mentors.

3.5. Trainee Advocate (External, Local Clinicians)

A Trainee Advocate, who is a local qualified clinical psychologist independent of the programme management, can be appointed by the Course Training Committee; with the remit to mediate between the programme and the body of trainees in case of conflict not resolved through the programme’s consultative mechanisms.

3.6. Student Counselling Services (External, HEIs)

The University of Lincoln and The University of Nottingham both have student counselling facilities, accessible to all trainees, regardless of their place of registration.
3.7. Staff Counselling / Support Schemes (External, NHS Employers)

All three employing NHS Trusts have support schemes for their employees, either in the form of dedicated staff counselling services, or in the form of reciprocal arrangements with clinicians in neighbouring trusts. Trainees can access the support system of their employing Trust.

3.8 Confidentiality

Personal information about trainees will be stored and shared in accordance with the Data Protection Act 1998 and any details of a personal nature will only be disclosed with the consent of the person involved, unless there is legislation or another overriding legitimate reason to share the information. Other information, such as that relating to academic performance or placement issues, will only be disclosed on a need to know basis but will generally be shared amongst course staff.

Trainees should note that when on placement they will be bound by the Data Protection and Confidentiality policies in place in their employing Trust and should familiarise themselves with these.

See Appendices F1 – F12 for guidance on how to make best use of your Personal Tutor, Tutorial Records Front Sheet, Personal Tutorial Record Form, Annual Review Record Form, guidance on Personal Development Groups, guidance on personal therapy for trainees and guidance on how to apply for study leave and special leave and guidelines on mentoring.
13. Guidelines on Trainee Employment

Employing NHS Trust

The commissioners have agreed to salary all clinical psychology trainees throughout their training. To facilitate this, trainees are contracted to the NHS Trusts in which they will carry out most of their supervised clinical work and their line management arrangements, salaries and terms and conditions of employment are the responsibility of those Trusts. Trainees are indemnified for their clinical work by their employing Trust, but are strongly encouraged to take out personal professional indemnity insurance.

All annual leave requests, travel expense claims and sickness absence monitoring issues are dealt with via the employing Trust and are signed off by the relevant Clinical Tutor as the trainees’ line manager.

Salaries are on Agenda for Change Pay Band 6. Trainees will commence employment on the lowest point in operation and cannot progress beyond the third point of the scale. Progression to the second point of the scale is contingent on trainees passing the KSF Foundation gateway, which is assessed by the Senior Clinical Tutor as the line manager. Trainees will be employed by one of three NHS Trusts within the region, with associated NHS holidays etc. It is expected that the trainee’s contract of employment will be held for 3 years by their local NHS clinical placement trust.

Each of the Trusts has its own regulations for mandatory training. Please speak to the relevant Clinical Tutor about the regulations. It is the trainees’ responsibility to stay up to date with mandatory training according to their employing Trust’s guidelines.

Study Leave

Study leave works to the same principle as annual leave, in that it must be agreed with your Clinical Tutor before the leave is taken.

All study leave, however funded, must be approved by your Clinical Tutor as being relevant and, wherever possible, should not affect attendance on teaching days. A trust-specific study leave form should be completed. (This includes time for study at research-related events.)

Trainees should approach their Clinical Tutor for approval and guidance is given in Appendix F8.

Annual Leave and Sickness

The programme has the following guidelines for trainees with regard to their annual leave /sickness leave:

i. Trainees are entitled to annual leave in accordance with NHS terms and conditions. The annual leave year runs from 1st April to 31st March. The annual leave entitlement for trainees is 27 days plus bank holidays. Agenda for Change allows you to have 29 days of annual leave after 5 years NHS service; some trainees will accrue 5 years of NHS service during their training, and so if you think this will apply to you then you must inform your Clinical Tutor. Please note that any annual leave that
you have from a previous post cannot be carried forward to your employment on the course.

ii. Annual leave cannot be taken on programme teaching days without the express advance permission of the Course Co-Director (Academic & Research). However, on potential teaching days (marked with ‡ on timetables), normally up to 2 trainees can book these days off on a first come first served basis. Please note that this means that annual leave cannot normally be taken during the first 13 weeks of the programme.

iii. Study days not used for studying must be taken as annual leave. If a period of leave is booked, which includes one or more study days, these MUST be taken as leave days.

iv. Trainees need to apply for annual leave in the same way as other employees in their Trust and before the leave is taken; leave will not be approved retrospectively. The principles are as follows:

a. Annual leave needs to be agreed with the Clinical Tutors in advance: this means that the leave has to be agreed before it can be taken.

b. Annual leave taken without prior approval by the Clinical Tutors is treated as an unauthorised absence.

c. Annual leave MUST be signed for by the Clinical Tutor. Supervisors are not able to authorise annual leave for trainees, but trainees must seek supervisor agreement to annual leave on placement days, prior to handing the form to the Clinical Tutor. Annual leave can only be authorised by the line manager (i.e. the Clinical Tutor).

d. Annual leave that includes placement days needs to be agreed with your supervisor: this is in addition to it being agreed with the Clinical Tutors. Trainees should forward an email from their supervisor to their clinical tutor as evidence of the supervisor’s approval for specific leave dates. If the supervisor’s agreement to the leave is not apparent then the Clinical Tutors will not be able to approve the leave.

e. If your Clinical Tutor is away then you should seek authorisation from one of the other Clinical Tutors.

f. Annual leave that does not include placement days does not require the supervisor’s agreement.

f. If a trainee leaves it to the last moment to get annual leave authorised then they should not assume that they can take the leave. Trainees need to be organised about submitting annual leave requests.

g. All trusts operate a Carer’s leave scheme and details are available on both University websites.

v. Trainees will follow the normal procedures for informing their manager (Clinical Tutor) and the course (Administrator) of sickness. They will need to submit relevant “fit” notes to their Clinical Tutor. The principle is that you must inform one of the course administrators, your Clinical Tutor and your placement base. The placement needs to know as you are working there, and the course administrators need to know so that they can let the Clinical Tutors know so that the relevant Trust’s paperwork can be completed, and payroll informed that you are away from work. The procedure for this is as follows:
If you are off sick then you need to do the following:

A. **on the first day of sickness:**

1. If you are a Notts Healthcare Trust trainee, you must speak to your Clinical Tutor (Manager) on the phone. If you have to leave a message for the Clinical Tutor, then please make sure that at stage 2 you speak to one of the administrators directly. It is not acceptable to only leave a message.

2. **Inform the course** the first day you are off by either phoning the relevant Course Administrator Judith (Lincoln) or Sheila (Nottingham), or emailing them. If you are unable to get hold of either of them by either email or telephone, or get an ‘out of office’ reply then you should contact one of the Clinical Tutors. You should contact the administrator for the University you are based at in the first instance (i.e. Judith for Lincolnshire trainees, and Sheila for Nottinghamshire and Derbyshire trainees). A university sick form will be sent to you.

3. Inform your placement base.

4. In circumstances where you are very ill and are unable to make contact, then someone on your behalf should inform the course (who manage you on behalf of your employers) and ask us to let the placement supervisor know. Please note that this should only be exceptional circumstances and the expectation is that personal contact should be made.

5. If you have an upcoming outstanding assignment and you think you might need an extension, inform the module convenor and see Appendix E4.

Whichever course administrator you contacted about your absence from work will also send you a University sickness form to complete.

B. **On your return to work** you must also inform your manager (Clinical Tutor) and the course (Administrators) using the same mechanisms as before. This should be done by phone and / or email. If you do not inform your manager (Clinical Tutor) that you are back at work then payroll will assume you are still off sick, and your pay will eventually stop. Also, remember to return the completed University sickness form see Appendix G6 (keep a copy for your own records). You must speak to your Clinical Tutor (Manager) on your return to work who will arrange a “return to work interview”.

C. In addition to letting us know when you go off and when you return to work, you also need to do the following:

**Lincolnshire Partnership Foundation Trust Trainees:**

- If you are off sick for 1 to 2 days then the only form that you need to complete is the University sickness form (Appendix G6). This can be emailed to you but is also easily available on UoFN Moodle and UoFL Bb. The sick form should be completed electronically and emailed to Judith Tompkins in the Lincoln Admin office as soon as possible.

- If you are off sick for between 3 and 7 days, then you need to complete a sickness self-certificate form. This is available on the UoFN Moodle and UoFL Bb, but needs to be printed off and sent in to the Clinical Tutor.

- If you are off for more than 7 days then you need to obtain a doctor’s certificate which you need to send to the Clinical Tutor.

- You are meant to have an interview with your manager (the Clinical Tutor) on the day you return to work, but clearly this is not going to be practical. Instead, you should speak to the Clinical Tutor on the phone the day you return to work (or the next day that you are both at work).
**Nottinghamshire Healthcare Trainees:**
- If you are sick for up to and including 5 days (including weekends) then the only paperwork you need to complete is a University sickness form (*Appendix G6*). This can be emailed to you but is also easily available on UofN Moodle and UofL Bb. The sick form should be completed electronically and emailed to Sheila Templer in the Nottingham Admin office as soon as possible.
- If you are sick for more than 5 consecutive days (including weekends) then you need to produce a doctor's certificate which you need to send to the Clinical Tutor. You also need to complete a University sickness form (from Sheila).
- You are meant to have an interview with your manager (the Clinical Tutor) on the day you return to work, but clearly this is not always going to be practical. Instead, you should speak to your Clinical Tutor on the phone the day you return to work or if they are not available you must speak to a Course Administrator. You must complete a return to work interview.

**Derbyshire Healthcare Foundation Trust Trainees:**
- If you are unexpectedly absent from work for more than 2 hours, you need to follow the DHCFT absence procedure and to call First Care (24 hour service) on 08454 565 773. First Care will contact your Clinical Tutor on your behalf.
- If you are sick for between 1 and 7 days you need to complete a University sickness form (*Appendix G6*). This can be emailed to you but is also easily available on UofN Moodle and UofL Bb The sick form should be completed electronically and emailed to Sheila Templer in the Nottingham Admin office as soon as possible.
- If you are sick for 8 or more days you will need a doctor's certificate which you need to send to the Clinical Tutor
- You are meant to have an interview with your manager (the Clinical Tutor) on the day you return to work, but clearly this is not going to be practical. Instead, you should speak to the Clinical Tutor on the phone the day you return to work (or the next day that you are both at work).

Flowcharts for Sickness Management for NHCT are available in *Appendix C6.* Employee responsibilities for Attendance Management at LPFT are detailed in *Appendix C7.*

**Inclement Weather**
Guidance on inclement weather for NHCT, LPFT and DHCFT is given in *Appendices C8, C9 & C10.*

**Special Leave**
Trusts have policies in relation to special leave. Please see a summary for LPFT in *Appendix C11.*

**Health and Safety**
Trainees will be inducted into the appropriate health and safety procedures with their employing NHS Trust and should ensure they are made aware of health and safety issues when on placements at other Trusts. This will normally be discussed with the supervisor.

**Criminal Convictions**
Trainees are required to maintain professional standards throughout the training programme. The Course Co-Director (Practice Learning & Trainee Management) and Clinical Tutor (line manager) must be informed immediately by the trainee of any issues of concern, such as criminal investigations. You will be asked to sign an annual declaration to the effect that no criminal investigations have been initiated in relation to you.
Travel Expenses
Trainees are able to claim travel expenses from their employing Trusts. For the purposes of travel claims, the base is the university where the trainee is registered. Trainees are therefore advised to live as close as possible to their university base.

Lincolnshire Partnership Foundation Trust Trainees
There is an online system for LPFT and the details can be found in Appendix C1.

Nottinghamshire Healthcare Trainees
There is an online system for NHCT and the details can be found in Appendix C2.

Derbyshire Healthcare Foundation Trust Trainees
Examples of correct & incorrect travel claims for DHCFT can be found in Appendix C3.

Principles for claiming travel expenses (NHCT & DHCFT)
1. The NHS does not pay trainees to travel to their place of work (i.e. the University base)
   - For the purposes of travel claims, your work base is the University of Nottingham.
   - When travelling to placements you can claim mileage which is in excess of your normal distance from home to your work base (i.e. the University of Nottingham).
   - Similarly, you can only claim mileage for journeys from your placement base where it is in excess of your home to work base (i.e. University of Nottingham) mileage.

2. Trainees may claim excess mileage for travel to the University of Lincoln (e.g. for teaching), i.e. the extra mileage above the daily Home to University of Nottingham Base distance.

3. The University base remains the same for the whole of training, regardless of where trainees are on placement.

Principles for claiming travel expenses (LPFT)
1. The NHS does not pay trainees to travel to their place of work (i.e. the University base)
   - Since 1st August 2013 LPFT does not pay staff for travel that is from home to any work base (or from any work base to home) if that journey is shorter than their normal home to contractual work base (i.e. University of Lincoln) mileage.
   - If the distance from home to placement is more than the distance from home to University then LPFT trainees can only claim the difference i.e. if home to University is 20 miles and home to placement is 25 miles, 5 miles travel could be claimed.
   - If the distance from home to placement is less than the distance from home to University base then LPFT trainees cannot claim travel done in the course of their placement day, until they have completed their normal home to contractual work base (i.e. University of Lincoln) mileage. Subsequent mileage, greater than the contractual work base mileage, can be claimed.

2. Trainees may claim for travel between University bases but only if the journey they do is longer than their home to University of Lincoln journey. Again it is the extra miles travelled that can be claimed.
3. The University base remains the same for the whole of training, regardless of where trainees are on placement.

**Practical arrangements for claiming travel expenses - LPFT trainees**

An electronic system is now in use and you need to upload your parking receipts. Please read the instructions in Appendix C1 carefully.

**Practical arrangements for claiming travel expenses - NHCT trainees**

An electronic system is now in use and you need to upload your parking receipts. Please read the instructions in Appendix C2 carefully.

**Practical arrangements for claiming travel expenses – DHCFT**

*In order to ensure that there is enough time for the LPFT & DHCFT Clinical Tutors to check mileage forms prior to signing them, trainees need to observe the following:*

1. A **separate** form needs to be completed for each month even if there is only a small amount of mileage on each form. Examples of correctly and incorrectly completed forms are found in Appendix C3.

2. Forms need to be submitted **promptly** and each month; please be aware that the Trusts **may not pay expenses** if you submit a backlog of forms. Trusts require signed forms in the relevant department no later than the 5th of the month for expenses to be received in that month’s salary.

3. Travel forms need to be handed in to the Clinical Tutor but can be put in the clinical tutor’s pigeonhole or handed in to administrators.

4. The Clinical Tutors are generally around at university on a Thursday and so travel forms need to have arrived **by morning coffee break** on a Thursday.

   If forms are submitted to the administrators after this time, the tutors won’t be able to look at them until the following week / month; this is purely practical – if the forms get to the Clinical Tutors at e.g. 4 p.m. then there is insufficient time to check and photocopy them in time to get them off that week / month.

5. Travel forms have to be with the payroll teams in the trusts by the end of the first week of each month (5th) at the latest; if the forms arrive at the latest by the 1st of the month every effort will be made by the Clinical Tutor to make sure that they are signed and sent in off in time to be paid that month.

6. The forms will be checked to ensure they have been signed and all relevant personal information is completed. If this information is missing then you will get the forms back and will probably miss the pay point for that month.

7. It is a good idea for trainees to keep a photocopy of the forms they submit, as the trust will not give you a copy of completed forms.
**Mileage rate:**

Travel expenses are paid at the NHS public transport rate which is 24p a mile. This is the rate for **all journeys** either on placement or between Universities.

The charts in **Appendices C4 & C5** give the mileage for common journeys done by trainees. Please refer to them when compiling claims.

**Filling out the forms:**

All travel claims must be submitted using the travel form for the relevant trust. The form for Derbyshire Healthcare Foundation Trust are available on both University websites.

**All the information on the front of the form must be completed, including:**

1. **Base** is Nottingham University for DHCFT employees.
2. **Payroll/personal number**: - you will find this on your payslip
3. **Make of car** etc.
4. **Job information**:
   
   Derbyshire trainees (DHCFT):
   - **Job**: Trainee Clinical Psychologist
   - **Grade**: (leave blank)
   - **Base**: Nottingham University
   - **Contracted hours**: full time

5. **Enter mileage as follows**
   
   Derbyshire trainees (DHCFT)
   - enter all mileage as **Training** in the Purpose of Journey column,

**Note: all your mileage is paid at the same rate and so you code all mileage as Training.**
**Examples of Travel Expenses Claims**

**Example 1:**
- If your base is Nottingham University and you live in Newark, then when you travel to Lincoln University you may only claim mileage from Newark to Lincoln University; you **cannot** claim mileage from your base (Nottingham University) to Lincoln University since you **do not actually do this journey**.

**Example 2:**
- Nottingham (home) to Byron House, Newark is 22.5 miles  
  Lincoln University (base) to the Newark placement is 19.5 miles

  In this example, a Lincoln based trainee living in Nottingham and doing a placement at Byron House would only be able to claim **19.5 miles** for the journey to placement, as this is the distance from Lincoln University to the placement.

  The fact that the home to placement mileage is **22.5** miles is immaterial, as **you don’t get expenses to travel to work**.

**Example 3:**
- Mapperley (in Nottingham) to Nottingham University is **4.5** miles  
  Lincoln University to Nottingham University is 40.5 miles

  In this example a Lincoln based trainee, living in Mapperley would only be able to claim **4.5** miles for the journey to Nottingham University as **this is the journey you actually do**, even though your base is Lincoln.

**Example 4:**
- If you are a Lincolnshire trainee and live in Nottingham, then you can claim the distance from **home to Nottingham University** up to the mileage you would be able to claim if you travelled from Lincoln University to Nottingham University if it is less than the distance from Lincoln University to Nottingham University. See example 4.

*Final note: if you fail to submit forms as per the above then you will get them back to re-do.*
14. Health and Safety

**NHS Trust**
Trainees are required to comply with the Health and Safety regulations of their employing Trust.

**University**
Both universities operate a health and safety policy that must be adhered to by all staff, students and visitors to the university. Some important sections are reproduced below. The full documents can be seen on the university websites.

**University of Lincoln**
https://ps.lincoln.ac.uk/UniversityResources/Policies/SitePages/Home.aspx - Information and links for university health & safety handbook, policies, reporting systems, staff, online training, etc.

**University of Nottingham**

**Illness or Accident**

If anyone should become ill or suffer injury as a result of an accident, the procedures below should be followed:

1. First aid should be rendered, but only as far as knowledge and skill permit. The patient should be given all possible reassurances and, if absolutely necessary removed from danger.
2. All staff and students should be aware of the location of the first aid room, the identity of those staff who have been trained in first aid and the means to contact them. If circumstances necessitate, a trained first aider should be summoned immediately to tend to the casualty.
3. Transport to hospital: if an ambulance is required the emergency "999" service should be used. In less severe cases, it may be appropriate to transport the casualty to the hospital casualty department without using the ambulance service but it should be noted that this must always be on a voluntary basis. If members of staff use their own cars for these purposes, they must ensure that they have obtained specific cover from their insurance companies. Please note, for emergencies where the "999" service is not appropriate, please call 0115 951 8888 (ext 18888 internally).
4. Wherever possible, no casualties should be allowed to travel to hospital unaccompanied if there is any doubt about their fitness to do so.

**The Trainee**

Trainees are expected to:

1. Exercise personal responsibility for the safety of self and colleagues.
2. Observe standards of dress consistent with safety and/or hygiene where this is appropriate or necessary (this would preclude unsuitable footwear, etc. and include the wearing of recommended or statutory protective clothing or equipment).
3. Observe all the safety rules of the section and, in particular, the instructions of academic staff given in an emergency.
4. Use and not wilfully misuse, neglect or interfere with things provided for their safety.
Individual responsibility

All individuals have a responsibility for their own and others’ safety. They must:

1. Ensure that neither their acts, nor their omissions, put themselves or others at risk.
2. At all times work in a safe and correct manner.
3. At all times comply with statutory and other safety regulations, codes of practice and instructions.
4. Report all defective equipment, unsafe conditions or actions without delay.
5. At all times co-operate with responsible staff and safety representatives on all health and safety matters.

No Smoking Rules

The universities do not permit smoking or vaping inside any of their buildings at any time.

All university buildings and areas adjacent to the buildings, where smoke could be drawn in through a window, door or other opening, are to be regarded as 'No Smoking / No Vaping' areas, without exception.
15. Professional Standards and Fitness to Practise

The main aim of the Doctorate in Clinical Psychology programme is to train the future clinical psychology workforce that will operate within the NHS and other statutory and voluntary agencies. As clinical psychologists often have to work with clients who are among the most vulnerable and disadvantaged in society, high professional standards of behaviour and practice are required of them at all times. Such high standards apply equally to trainees as they do to qualified staff, therefore trainees on professional training programmes are expected to conform to higher standards of behaviour than other students.

This section outlines the procedures that are in place within the programme to ensure that trainees maintain the standards of professional behaviour required of those working as qualified clinical psychologists.

Professional Standards and Suitability

At the time of selection to the programme, there is a careful scrutiny of qualifications, personal statements and references. On admission to the programme, there will be a DBS check and an examination of educational qualifications. These procedures are intended to reduce the possibility of unsuitable applicants entering training.

Once admitted to the programme, trainees are required to maintain high professional standards throughout the programme of training. This includes the development of skills and personal qualities of patience, honesty, persistence, the ability to help people to face difficult situations, clear thinking, sound judgement, tolerance, ability to maintain appropriate personal and professional boundaries, readiness to react positively to feedback and good communication skills. Trainees are required to adhere to the HCPC Standards of Conduct, Performance and Ethics and the BPS Code of Ethics and Conduct.

The programme has procedures that enable the termination of training of trainees who are deemed unfit to practise clinical psychology by reason of lack of professional standards and suitability. These procedures will apply where there is clear evidence of failure to maintain standards and suitability for professional training, which is not solely related to failure to meet programme assessment criteria.

The programme team recognise that clinical psychology training can be stressful and that trainees will be facing a range of personal challenges for the first time. For this reason, personal development is a crucial component of the training programme. Course modules cover topics such as stress management, assertiveness skills and communication skills. The programme also requires trainees to attend a Reflective Practice Group, maintain a CPD/Training Log and appraise their own personal development. Throughout the course, trainees are encouraged to reflect on their self-image, their communication skills and personal prejudices and to demonstrate sensitivity, openness to self-reflection and a willingness to adopt a different viewpoint.

Despite all their best intentions, some trainees will encounter serious problems in training. The programme staff, NHS employers and placement providers will endeavour to resolve issues of concern about professional suitability, sensitively and informally, wherever possible. However, where all other reasonable attempts to resolve the problems have proved unsuccessful, or where there is serious concern that the trainee’s behaviour is damaging or dangerous to clients, colleagues, other trainees or supervisors, or if it is believed that the trainee’s behaviour may constitute an unacceptable risk to themselves, the Fitness to Practise Procedure will be initiated.
Examples of behaviour which may lead to the use of the Fitness to Practise Procedures are criminal convictions, serious professional misconduct such as sexual abuse or harassment, serious incompetence or negligence despite opportunities to learn and rectify faults, disruptive behaviour in teaching or practice sessions, unexplained absences or persistent sickness, unreliability, persistent lateness, failure to respond to training and use supervision appropriately, failure to incorporate feedback constructively, breach of client confidentiality and carrying out clinical and/or academic work while being incapacitated for reasons of illness or stress. A trainee who exhibits emotional or psychological problems which seriously interfere with their relationships with clients, teachers, supervisors, or colleagues and which persist despite all reasonable attempts at remediation may also have their professional suitability reviewed under the procedures. This is not intended to be an exhaustive list and other behaviours may cause sufficient concern to invoke these procedures.

Trainees should also bear in mind that their conduct out of working hours may be visible to the general public and may impact on their perceived professionalism and ability to practise effectively as a clinician.

Trainees who have a visible presence on social media should reflect with a member of the programme team on the best way to handle this. See also Appendix G8.

Trainees are also subject to the Policies and Procedures of the employing Trust concerning professional practice in the placement setting. The invocation of the DClinPsy Programme’s Fitness to Practise Procedure is separate from the Trust’s own disciplinary processes, which may be invoked in the case of unprofessional behaviour that contravenes those policies.

**Fitness to Practise Procedure**

Please see the Joint Regulations, Appendix D1, Annex C.
16. Health and Care Professions Council

On 1st July 2009, the Health and Care Professions Council (HCPC) took over the statutory regulation of Applied Psychologists, formerly provided by the British Psychological Society (see section 17). Please note that prior to 1st August 2012, the HCPC was known as the Health Professions Council (HPC).

The HCPC registers individual practitioners and approves training courses (see http://www.hcpc-uk.org/publications/standards/). If you want to be employed as a qualified Clinical Psychologist you must be registered with the HCPC. Registration with the HCPC means that you are deemed to have attained the minimum standard necessary for safe practice as a Clinical Psychologist and that you meet the Standards of Proficiency for the profession. See Appendix B1 and Standards of Proficiency – Practitioner Psychologists (http://www.hcpc-uk.org/publications/standards/).

You can find further information about the HCPC on its website www.hcpc-uk.org. In particular, you might want to review the Guidance on conduct and ethics for students, see http://www.hcpc-uk.org/publications/.

When you have successfully completed the programme, you will need to apply individually for registration. You can download an application pack from: http://www.hcpc-uk.org/apply/uk/.

The Trent programme is included in the HCPC list of approved training courses. After the final Exam Board for your intake, the course sends an electronic pass list to the HCPC which will be matched against your application. You do not need to do anything further to prove your qualification. You will, however, need to supply a Character Reference (your Clinical Tutor or any other member of the Programme Team can help with this) together with some other documentation providing proof of your identity.

We recommend you complete the preparation for registration before the Exam Board in your final year, so that, once successful, your registration can be completed quickly.
17. British Psychological Society and Division of Clinical Psychology

Most trainees will be at least familiar with (if not already members of) the British Psychological Society (BPS). The Society is a learned and professional body controlled by Royal Charter. This means that its primary duty is to preserve and nurture the discipline on behalf of the nation. Its main objective is to advance and diffuse knowledge of psychology.

The BPS can confer the status of Chartered Psychologist, which indicates that you are deemed to have attained the standard of competency which your profession has agreed on (which is held to be more rigorous than the Health and Care Professions Council (HCPC) standard). As the Trent programme is accredited by the BPS, successful completion of your training gives you automatic eligibility for Chartered status. You can find further information on the BPS website www.bps.org.uk.

Some of the benefits which arise from membership of the BPS are:

- Conferences: The Society organises many scientific conferences, which are open to all Society members.
- Books and Journals: The Society publishes both books and ten primary science journals, all of which are available at special reduced member prices.
- Representation: The Society is regularly asked by Government and non-governmental organisations to contribute evidence to topical enquiries. The diversity of membership allows the Society to represent the widest possible views based on the latest research and best practice.
- The Psychologist: This monthly publication is the Society's 'house magazine' - for members - by members and includes a section on jobs currently available and advertised with the society.

Contact details for membership, branches, etc:
The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR
☎ 0116 254 9568
✉ enquiries@bps.org.uk
Fax 0116 227 1314
www.bps.org.uk

Although primarily a learned society, the BPS also plays an important part in professional affairs through its Professional Practice Board and its Divisions. One such division is the Division of Clinical Psychology (DCP) which represents the majority of clinical psychologists in the UK – see http://www.bps.org.uk/networks-and-communities/member-microsite/division-clinical-psychology.

The DCP is frequently asked to provide evidence and data to Government, either directly or by preparing responses to Government papers. The BPS and DCP have a local branch (East Midlands), which promotes scientific and social meetings are promoted by the Branch committees.

The aims of the DCP East Midlands Branch are as follows:
- To represent views and interests of its members to the division and vice versa
- To provide CPD events on relevant clinical and professional issues
- To liaise and coordinate matters with other regional groups of clinical psychologists as appropriate
- To listen to and where appropriate act on issues raised by non-branch members.

The DCP East Midlands Branch Committee provides information on local issues back to the National DCP Executive Committee.
The DCP Pre Qualified Group aims to promote the interests of trainees by electing (trainee) representatives on to committees concerned with training issues. It is organised at both National and Branch level. Communication between trainees on different programmes is encouraged and the National DCP Pre Qual Group is attempting to raise the general level of awareness about training issues and monitor overall opinion. One trainee from each year of the programme may be elected onto the DCP East Midlands Branch Committee and is expected to play an active role in Regional events.

Specifically it is advantageous for trainees to be involved in the work of their local branch as they are in a position to have a direct impact upon CPD events organised by the branch, gain experience of being on a committee, and keep up to date with developments both locally and nationally in clinical psychology and the wider political context. It is also an opportunity to feedback relevant information to their cohort and raise relevant training issues with the committee. **To this end, trainee representatives from each of the local training courses are members of the East Midlands Committees.**

**DCP – Trent**  Trainee reps on Trent DCP in 2015

Trainee reps for each Cohort will be confirmed in the first semester.

The Website for DCP East Midlands Branch can be found at: [http://www.bps.org.uk/dcpemb](http://www.bps.org.uk/dcpemb) (you will need to login as a member to gain full access)

- committee membership
- meetings and events

Contacts are:
There is a general email address of dcpeastmidlands@bps.org.uk

**DCP – National**

**Twitter feed**
The Division now has its own Twitter feed. See: [http://twitter.com/DCPinfo](http://twitter.com/DCPinfo)

**DCP Annual Conference**
18. **UNITE the union**

The trade union and professional organisation which represents psychologists working in the NHS is UNITE the new union. It is the largest trade union and professional organisation in the UK with over 1.5 million members.

Unite represents a wide range of health workers and it has a significant input into the NHS Staff Council – the body which since the adoption of ‘Agenda for Change’ is responsible for agreeing Terms and Conditions for NHS psychologists. UNITE also provides evidence on an annual basis to the Pay Review Body-the independent body charged with determining annual pay increases for NHS staff.

The particular interests of NHS psychologists within UNITE are represented at national level by The Applied Psychology Organising Professional Committee (OPC), which represents Counselling, Health & Forensic Psychologists as well as Clinical Psychologists. Child Psychotherapists continue to represent their interests via this committee. All members of the committee must be elected union representatives and their places on the committee are either via the UNITE Regional Health Sector Industrial Committees or, where there is no psychologist on the Regional Committee, through co-option. The OPC also tries to include Trainee and Assistant representatives.

The function of the OPC is to represent the interests of psychologists working in the NHS, especially in relation to terms and conditions. However, the OPC also represents wider concerns. It has quite frequent contact with senior Civil Servants charged either with developing or implementing government policy and has channels to parliament via MP’s who are members of UNITE.

The OPC also liaises regularly with British Psychological Society committee which represents psychologists in Health and Social Care mainly to ensure harmony between the policies of the two groups. However, UNITE and the BPS are entirely separate bodies, the latter being barred by its charter from engaging directly in trade union activity.

Membership of UNITE also entitles members to the services of trained Full-Time Officers who are paid employees of the Union and are available to offer advice, assistance, guidance, support and representation with employment disputes such as re-banding, disciplinary action, management of change, grievances and failure by employers to maintain agreed terms and conditions. In addition, UNITE aims to have lay (e.g. unpaid) trained representatives within each Trust who should be the first point of contact in the event of employment problems. UNITE has its own Contingent Medical Malpractice insurance scheme which is available to members and gives up to £5m worth of cover.

Within Trusts, psychologists can form UNITE ‘groups’ which can elect a representative who will then be able to attend the Trust UNITE staff-side grouping. It is quite common for Training Courses to form a group of Trainee members and elect a representative.

**Contact Details**

Membership can be completed on-line via the website [www.unitetheunion.org](http://www.unitetheunion.org). Trainees qualify for reduced rates while undertaking their 3 year training.

**Regional Centre**

UNITE, Unit 2, Pride Point Drive, Pride Park, Derby, DE24 8BX
Tel. 01332 548 400
For details of offices in Lincoln and Nottingham, see the website.

**Regional OPC Rep**

Rep is Dr David Ward – based at Nottinghamshire Healthcare NHS Trust.

✉️ david.ward2@nottshc.nhs.uk
Unite East Midlands – Regional Officer - Lead Officer for Health
Garry Guye – Regional Officer, 3 Victoria Court, Kent Street, Nottingham. NG1 3LZ
Tel: 07768 931 279
garry.guye@unitetheunion.org

Unite Regional Officers that cover NHS in counties of East Midlands

**Derbyshire**
*Maureen Scott Douglas* - Maureen.scottdouglas@unitetheunion.org

**Leicestershire**
*Mark Pettifer* - Mark.Pettifer@unitetheunion.org

**Lincolnshire**
*Andy Shaw* - andy.shaw@unitetheunion.org

**Northamptonshire**
*Mick Orpin* - mick.orpin@unitetheunion.org

**Nottinghamshire**
*Garry Guye* - garry.guye@unitetheunion.org
19. IT Systems

**IT support at University of Lincoln**

ICT Services Team **01522 886 500** (internal **6500**)  
✉️ helpdesk@lincoln.ac.uk

**Face-to-face and online support at Lincoln**

**Online**

http://www.lincoln.ac.uk/home/campuslife/itservices/

**Face-to-face**

Drop-in – 1st floor, Minerva Building (main admin building), 8.30-4.30

**Self service reporting**

https://support.lincoln.ac.uk

**Laptops loans** are available from the help desk or from the self-service machine with any valid student card. Laptops can be borrowed for up to 3 hours at a time.

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**IT support at University of Nottingham**

IT Service Desk **0115 951 6677** (internal **16677**)  
✉️ itservicedesk@nottingham.ac.uk

**Face-to-face and online support at Nottingham**

**Online**

http://www.nottingham.ac.uk/it-services/services/students.aspx

**Face-to-face**

SITS – support during initial first few weeks of year in Hallward & other libraries, some Student Service Centres - see  
http://www.nottingham.ac.uk/it-services/help-and-support/sits/student-it-support.aspx

Smart Bars in Hallward & other libraries – face-to-face advice and support - see  

Zonal IT Support – face-to-face support on each campus – see  
http://www.nottingham.ac.uk/it-services/help-and-support/it-support.aspx

**Self service reporting**

See https://selfservice.nottingham.ac.uk/sw/selfservice/

**Laptop loans and repairs** in Pope building, room A15b – see  
http://www.nottingham.ac.uk/it-services/services/loan-repair-service.aspx
You will be introduced to the IT and learning systems available at both universities during the induction block. Important areas are:

- **Email** - Access to email from anywhere is available via the web for both universities.
  
  See Appendix G4 Trainee email policy and please note
  
  1. The Clutter system in Office 365 may direct some emails into the Clutter folder (another type of junk folder) – see Appendix G4 for guidance.
  2. Derbyshire Healthcare Foundation NHS Trust’s computer security system blocks access to university email accounts.

- **Online learning systems** at both Lincoln (Blackboard) and Nottingham (Moodle) contain:
  - Handbooks
  - Placement information
  - Timetables, Teaching materials & Assignment guidelines
  - Committee information, etc
  - Areas for submission dropboxes

  See Appendix G5 Instructions for UofL Blackboard and UofN Moodle.

- **Personal information** (personal details, registration, library news, etc), news and library information
  - UofL Portal/Blackboard at http://gateway.lincoln.ac.uk
  - UofN Portal at http://portal.nottingham.ac.uk/

- **Psychology-Specific Information** (library catalogues and electronic sources)
  - UofL Library at http://gateway.lincoln.ac.uk

- **Software**
  - Word processing, PowerPoint & Excel, ie, Office applications
  - Bibliographic Management
    - **Lincoln**
      The library provides access to bibliographic management software packages: RefWorks and EndNote. EndNote is available from the Software Centre on any networked campus University of Lincoln PC or Mac. Download whilst on campus, then you can access from off-campus using the University Cloud network. See http://guides.library.lincoln.ac.uk/find/reference-management
    - **Nottingham**
      UofN supports both EndNote and EndNote Web which can be used independently or together. EndNote Web is less powerful than EndNote. However, they can be used together to get the best of both worlds! See http://softwarelibrary.nottingham.ac.uk/. For courses on EndNote for researchers, please see University of Nottingham Short Courses at https://training.nottingham.ac.uk/cbs-notts/Portal/DesktopDefault.aspx
  - Statistics
    - **SPSS** (Statistical Package for Social Sciences) – Included in taught research modules in year 1 and year 2. For more information see http://softwarelibrary.nottingham.ac.uk/
    - **ePrime** - Software for computerized experiment design, data collection, and analysis, available on research laptop at UofN – contact admin staff.

Please read Appendix G8 which highlights potential issues with the use of the internet and social media and gives guidance.
20. Learning Systems

The university websites are major sources of information. Both universities have similar online, virtual learning environments.

Trainees must ensure their usernames for both universities are active at all times as teaching materials are uploaded only at the base where teaching took place and assignments are usually submitted at the same base. See instructions and detail about content for UoL Blackboard and UoN Moodle in Appendix G5 and see Appendix E3 for information about submissions.

Programme-specific information

See Appendix G5 for more details.

- Blackboard at the University of Lincoln
  http://blackboard.lincoln.ac.uk
- Moodle at the University of Nottingham
  http://moodle.nottingham.ac.uk

‼️ If using an app for Moodle or Blackboard on a phone or tablet, PLEASE CHECK THAT YOU CAN SEE EXACTLY THE SAME INFORMATION AS YOU CAN SEE ON A COMPUTER – some apps do not display all information.

Study Aids

Use Studying Effectively website which has useful information on all aspects of studying, writing, referencing, etc, with links to activities and videos – see https://www.nottingham.ac.uk/studyingeffectively/home.aspx

Specific Online Toolkits eg, Intuitive Statistics which can be found at http://www.nottingham.ac.uk/toolkits/play_244

Study Support Software available to all students

- MindView 6 is a piece of mapping software which creates mind-maps including flow-charts, timelines and GANTT charts to help organisation, time management and planning assignments.
  http://www.nottingham.ac.uk/studentservices/support/supportforyourstudies/academicsupport/studyresources/index.aspx - look in Time Management section

- Read&Write 11 is a TextHelp tool which can read text aloud (from documents, PDFs, websites etc). It can also help check for homophones and offers a variety of research strategy support such as colour coding and grouping research notes.
  http://www.nottingham.ac.uk/studentservices/support/supportforyourstudies/academicsupport/studyresources/index.aspx - look in Reading Strategies Support section

**General information**

Both universities have Portals and pages which give access to numerous items of support, advice and information.

**University of Lincoln Portal**
http://www.lincoln.ac.uk/home/campuslife/studentsupport/

**University of Nottingham**
http://www.nottingham.ac.uk

Use Button for Portal
- info and news plus items specific to individual trainees, ie, personal details, registration, library news, etc

Use A-Z Index to find general information, for example
- Car Parking, Bus Services, Hopper Buses, Maps & Directions, Parking Permits, Transport & Travel Information
- Cripps Health Centre, Security, Student Union website
- Academic Support, Graduate School, Quality Manual (for regulations), Student Services, University Card
- IT Services, IT Service Desk, Library Research & Learning Resources, Outlook (email)
21. University Admin: Personal Details, Email, Parking, Libraries & Photocopying

For many services and systems, the universities’ websites will have the most up-to-date information.

Registration

You must register at both universities every year.

Registration at UofL

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Completed during Lincoln induction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Through UofL Blackboard</td>
</tr>
<tr>
<td>Step 2</td>
<td>In person enrolment is completed during Lincoln induction</td>
</tr>
</tbody>
</table>

Years 2 & 3 Completed once a trainee progresses.

Registration at UofN

See http://www.nottingham.ac.uk/studentservices/services/registration.aspx

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Through UofN Portal or via Student Services using temporary username and password; will then get permanent msx... student username and password.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>In person registration is completed during Nottingham induction.</td>
</tr>
</tbody>
</table>

Years 2 & 3 Through UofN Portal or via Student Services using msx.... student username.

Personal Details

Please ensure that we have a correct accommodation address (and telephone number) for you. We will write to you at that address. Also check that you update your details on the Portal as all formal correspondence from the central university systems will be sent to that address.

If there are any changes, please do the following

1. update details on University of Lincoln Blackboard
2. update details on University of Nottingham Portal
3. complete the form in Appendix G7 with any changes in personal details and send the completed form to either Judith Tompkins at University of Lincoln or Sheila Templer at University of Nottingham.

University of Lincoln Blackboard

If you are on campus:

Log on to the University computers.
Click on Blackboard or login at http://blackboard.lincoln.ac.uk.
Click on My University tab.
Carefully read the instructions, access your detail.
Amend them accordingly.
If you are off campus:
Login to Blackboard at http://blackboard.lincoln.ac.uk.
Click on My University tab.
Carefully read the instructions, access your details and amend them as needed.

University of Nottingham Portal (or via Student Services)
Go to UofN home page at www.nottingham.ac.uk
Login to the Portal (or use A-Z Index to find Student Services “Change address…..”).
Click on the ‘Me’ tab which will take you to your personal details.
Carefully read the instructions, access your details and amend them as needed.

Even if your details do not need amending, please access the page and check to ensure what we hold is correct.

Email
You will not be able to plan and manage your course if you do not use the channels of communication set up to support your learning. Both the universities give you an email address (@lincoln.ac.uk and @nottingham.ac.uk). You must use them or you cannot function on the course. If you do not use them, you will miss important information. We will only communicate with trainees by email using university email addresses. Please also check the relevant university websites regularly, especially the Portals, as they contain useful information. Your primary email should be checked regularly – daily if possible.

Please see Appendix G4 for full policy and guidelines.

Parking

See Appendix H6 for information on parking policies at the universities.

University of Lincoln

There is no parking for trainees on Brayford (Main Campus) during the main part of the day and there is no overnight parking at any time. Therefore, please consult the maps in Appendix H2 for locations of public car parks near the university and the city centre.

However, it should be noted that students can apply for a permit and that will allow parking at certain, restricted times, eg, after 4.30pm (up till 3am). Parking without a permit will incur a cash fine. For full details and how to apply, see http://estates.lincoln.ac.uk/files/2016/01/Car-Parking-Policy.pdf.

University of Nottingham

The online application form for parking permits for trainees who live more than 15 miles away, along with charges and information, can be found at http://www.nottingham.ac.uk/estates/security/carparking/home.aspx. There is some parking for students/trainees with permits on Jubilee Campus, near the Division of Psychiatry & Applied Psychology offices in Yang Fujia Building. Trainees should check the parking regulations.
ID

**UofL Enrolment Card**
Completed during the registration process.

**UofN University Card**
http://www.nottingham.ac.uk/estates/universitycard/home.aspx/index.htm
Trainees are requested to upload a photo during the online registration process. This is used for the University Card which is then sent to the Division of Psychiatry and Applied Psychology for distribution.

**Timetabling**

As part of a major university-wide exercise at University of Nottingham (known as Project Transform), the Timetabling process comes under the new Student Services department and is being expanded to provide Individual Student Timetables. The DClinPsy programme includes elements that will not be covered by the Individual Student Timetable (eg, teaching at Lincoln, time on placement) so it will be best to use the Year Planner and module timetables provided by the programme. If you have any queries or comments, please contact Sheila Templer.

**Using the Library**

The various libraries are among the most important resources available to you. Your induction sessions will familiarise you with the library resources at both universities. Most books can be borrowed for a week, while others, in short loan collection, are available for overnight borrowing only. There is room to work in the libraries, and you can often read and make notes from material without having to borrow it. There are several Multi-Functional Devices (MFDs) which all have print, copy and scan functions available in full colour and black and white. At Nottingham, you can add credit to your account, check your balance and change your PIN at all the libraries at payment kiosks or library lending desks – see http://www.nottingham.ac.uk/it-services/services/print-copy-scan.aspx#account.

All libraries hold photocopied materials (for example journal articles) in the short loan collection which can be borrowed in the same way as a book. Essential articles published in journals not subscribed to by the library can be deposited in the short loan collection by lecturers and material for some course modules is made available in this way. If you find you need to read journal articles for a course, but the library does not keep the periodical, it is worth asking the lecturer concerned if they can supply a copy for the short loan collection.

Many sources are now available in electronic form, including e-journals and e-books. Also, the library systems allow you to search for material and check when borrowed items are due back (Lincoln – Library Catalogue, Nottingham - UNLOC).

For detailed information on the full range of library and information resources see:

**University of Lincoln**
See http://gateway.lincoln.ac.uk

**University of Nottingham**

Reading lists are also available on the university systems, for example, at Nottingham, see http://www.nottingham.ac.uk/library/help/reading-lists.aspx and http://readinglists.nottingham.ac.uk/index.html.
**Inter-Library Loans**
If you need for your studies books, journal articles, etc. which are not in the Library’s stock, an inter-library loan service is provided. However the library cannot guarantee that it will be possible to borrow everything you need, eg, sometimes you may have to travel to consult the item. The Inter-library Loans service is expensive in staff time and in postal costs, etc, and they rely on you to monitor your requests. You should not apply for material unrelated to your academic needs. (For these you can use the public library service which has access to exactly the same facilities.) You should also take care to check that what you need is definitely **not** in stock **before** you apply.

**University of Lincoln**
http://guides.library.lincoln.ac.uk/find/ills

**University of Nottingham**
http://www.nottingham.ac.uk/library/using/borrow/ill/ill.aspx

**Quotas**
All borrower categories are given an allocation of requests. You can check with the librarians about your allocation.

**University of Lincoln**
Current allocations are 25 requests per academic year for postgraduate taught or research students – more details on the website by following links from: http://guides.library.lincoln.ac.uk/find/ills
DClinPsy trainees are counted as Taught postgraduate students.

**University of Nottingham**
Current allocation is 40 requests per academic year @ £1 charge – more details on the website at http://www.nottingham.ac.uk/library/using/borrow/ill/ill.aspx.
DClinPsy trainees are counted as Research postgraduate students.

**Photocopying**
There are strict rules about the photocopying of copyright material, and you should make sure you understand and abide by them. Much of your photocopying will be done in the libraries. The systems may vary in the different libraries. In some you will be able to use your Lincoln Enrolment Card or Nottingham University Card. In some, you may need to purchase cards for operating the copier.

You should budget for photocopying throughout the year – many of the references we recommend are not available in books that you can purchase, but in academic journals in the libraries. Rather than study these in the library, you may prefer to copy them and study elsewhere.

**University of Lincoln** - You can photocopy from any of the large HP Multi-Function printers.

**University of Nottingham** – Please use the Multi-Function Devices (MFDs) within the libraries. Please note all printer/photocopiers within the YANG Fujia Building, B Floor, Division of Psychiatry and Applied Psychology are for staff use only.
PC availability on campus

**University of Lincoln**

There are computers for general use on the ground, first, second and third floors of the University Library. Computer workstations and study desks suitable for wheelchair users can be found on all these floors.

The main student ICT Services Team help desk is based on the first floor of Minerva Building (Main Administration Building).

Four PCs are available in the DClinPsy kitchen in Bridge House.

Free WiFi across campus.

**University of Nottingham**


A limited number of PCs are available on B Floor, YANG Fujia Building, in the Division of Psychiatry and Applied Psychology on Jubilee Campus. These are in the PGR area (near DClinPsy staff offices) and can be used by DClinPsy trainees – no printing can be done from here. Mostly useful if waiting to see a tutor.

Free WiFi across all campuses. For information on connecting to the WiFi network, please see - [http://www.nottingham.ac.uk/it-services/services/wireless/index.aspx](http://www.nottingham.ac.uk/it-services/services/wireless/index.aspx)

A laptop with ePrime is available to borrow for research design. Please contact the administrators.

Meeting room availability on campus

**University of Lincoln**

A tutorial room is available. Please contact the Lincoln Administrators.

**University of Nottingham**

A small meeting room is available on B Floor, YANG Fujia Building in the Division of Psychiatry and Applied Psychology on Jubilee Campus. This is used for tutorials. Please contact dcpadmin@nottingham.ac.uk for booking rooms for tutorials.

Some libraries have group study rooms that can be booked through the Laptops/Rooms link at the top of the basic search screen on UNLOC. You must have the key issued from the lending desk when the booked period starts or you will lose the booking. The facilities at each library, including group study rooms, can be found at [http://www.nottingham.ac.uk/library/libraries/locations/whichlibrary.aspx](http://www.nottingham.ac.uk/library/libraries/locations/whichlibrary.aspx).

The Graduate School has rooms available in its centres on the different campuses, eg, in Amenities Building on Jubilee Campus. Please see [http://www.nottingham.ac.uk/graduateschool/graduatecentres/index.aspx](http://www.nottingham.ac.uk/graduateschool/graduatecentres/index.aspx) and use the links for more information and bookings.
Libraries of Psychological Tests

University of Lincoln

Resources from the School of Psychology at UofL are available. Please contact Lincoln Administrators.

University of Nottingham

A wide selection of tests is available for short-term borrowing for research or teaching purposes via Claire Hamerton or Sarah Hardie at University of Nottingham – see Section 11 Programme Staff for contact details. Information and a list of holdings in the DClinPsy Test Library can be found in the main area of Moodle, in the Libraries section.

For tests that are not held by either university but are needed for research, trainees should contact their research tutor for advice on ordering. Tests can be ordered using course funds but then should be returned to the relevant university on completion. Lincoln trainees should order through University of Lincoln course administrator and Nottingham trainees through University of Nottingham course administrator, unless there are special circumstances.

Recording Equipment

Digital recorders and transcription pedals are available from the Programme Administrators. Please give adequate notice of your requirements. NHCT trainees have access to recording and transcribing equipment through their Trust – contact your Clinical Tutor – however, these are only available for use on trust premises.

Miscellaneous Books available from UofN DClinPsy Assistant Administrators

A small selection of books and pamphlets not held in the main university libraries is available in the Assistant Course Administrator’s office at University of Nottingham. For queries, please email Claire Hamerton or Sarah Hardie.
22. Services for Students

The two universities provide a similar range of services for students.

At Lincoln

There are services at Lincoln providing help with everything from financial and health issues to childcare.

Information for some of the key university services listed below are given on the following pages. Further information is can be found on the relevant parts of the University of Lincoln website.

- Advice Service (part of Student Support Centre)
- Chaplaincy (part of Student Wellbeing Centre)
- Careers
- Council Tax Exemption
- Counselling Service (part of Student Wellbeing Centre)
- Disability Service (part of Student Wellbeing Centre)
- The Health Centre
- Registry
- Sport & Leisure
- Student Support Centre
- Student Support Team
- Student Wellbeing Centre

Advice Service (part of Student Support Centre)

The service provides a professional, free, confidential, impartial and independent service including:

- Advice across a wide range of subjects. These include Debt, Accommodation, Employment, University Issues, Legal Issues, Immigration, Welfare, Benefits and many more.
- A confidential service, which means we will not normally disclose any information outside the services, unless we have your permission.
- An independent service, entirely separate from the University's academic and administrative structure.

We also maintain and develop links with other agencies such as the Citizens Advice Bureau, local Consumer Support Networks, the British Council and other local community groups.

The Advice Team operates regular drop-in sessions, dedicated face-to-face and telephone appointments. Currently, drop-in sessions happen Monday to Friday 12pm-2pm.

☎ 01522 887 495

The team also have an up-to-date website full of information and guidance [http://adviceguidancefunding.blogs.lincoln.ac.uk](http://adviceguidancefunding.blogs.lincoln.ac.uk) plus you can follow them on Twitter and Facebook.
Careers and Employability

Website pages include useful information on making applications.

📞 +44 (0)1522 837 828
✉️ careers@lincoln.ac.uk
🌐 www.uolcareers.co.uk

The Chaplaincy (part of Student Wellbeing Centre)

You can contact the Chaplain via the Student Wellbeing Centre.
📞 01522 886 400
✉️ studentwellbeing@lincoln.ac.uk

Council Tax Exemption

If you live in or near Lincoln, you can request a letter.
✉️ studentsupport@lincoln.ac.uk

Counselling Service (part of Student Wellbeing Centre)

- Operates independently of the Student Union and also of the University's academic and administrative structure.
- Is free and available to all students of the University, both full-time and part-time.
- The Service is staffed by a team of professionally trained and widely experienced counsellors who are accustomed to helping people from many backgrounds and cultures and a wide range of personal issues and difficulties.

Contact
📞 01522 886 400
✉️ studentwellbeing@lincoln.ac.uk

Call into Student Services or look at the web pages.

In addition, the Samaritans can be contacted 24 hours a day on 08457 909090.

Disability Service (part of Student Wellbeing Centre)

If you have a disability, a learning difficulty, mental health or medical condition, the University has a specialist department committed to providing you with advice and a range of specialist services.

The services include:
- Advice and guidance on accessing support for study skills and learning strategies
- Screening and assisting with obtaining a diagnostic assessment for dyslexia
- Information on Disabled Students’ Allowances (DSAs)
- Assessments of course-related and IT needs
- Advice on personal matters relating to your disability.
Contact us by phone or email for a confidential discussion of your needs

📞 01522 886 400
✉️  studentwellbeing@lincoln.ac.uk

**The Health Centre**

The university’s Health Centre is situated upstairs in the Marina building on the Brayford Pool campus.

**Opening Times**
Monday to Friday, 8am to 6.30pm with appointments between 9am to 5pm. An out-of-hours emergency service is available at other times.

📞 01522 870 010
Fax: 01522 870 011

**Registry**

This department covers numerous central activities, including student services, student administration, student support and standards (offences, appeals and conduct).

For information on academic offences, see [http://secretariat.blogs.lincoln.ac.uk/student-contention/academic-offences/](http://secretariat.blogs.lincoln.ac.uk/student-contention/academic-offences/)

For information on academic appeals, see [http://secretariat.blogs.lincoln.ac.uk/student-contention/academic-reviews-and-appeals/](http://secretariat.blogs.lincoln.ac.uk/student-contention/academic-reviews-and-appeals/)

For information on student conduct, see [http://secretariat.blogs.lincoln.ac.uk/student-conduct-and-discipline/](http://secretariat.blogs.lincoln.ac.uk/student-conduct-and-discipline/)

Other activities are listed separately.

**Sport & Leisure**

University of Lincoln Sports Centre,
Brayford Pool
Rope Walk
Lincoln
LN6 7TS

📞 01522 886 688
[http://lincoln.ac.uk/Home/campuslife/sportatlincoln/](http://lincoln.ac.uk/Home/campuslife/sportatlincoln/)
At Nottingham

Welcome to the School of Medicine

The University of Nottingham is a community of students and staff dedicated to bringing out the best in all of its members. Our aim - to provide the finest possible environment for teaching, learning and research - is clear and our record of success is well known nationally and internationally.

The Sunday Times University Guide 2011 described the University of Nottingham as ‘the embodiment of the modern international university’. In 2012 the Shanghai Jiao Tong (SJTU) ranked the University in the World’s Top 100 universities and within the UK’s Top 10. With more than 42,000 students from 150 countries, two overseas campuses and strong links with universities around the world, the University of Nottingham’s unique academic community creates an inspirational place to study and work.

The mission of the School of Medicine is to improve human health and quality of life, nationally and internationally through outstanding education, research and patient care. Deciding to undertake postgraduate study is an important career decision. May we wish you every success in your chosen course of postgraduate study, and welcome you most warmly to the School of Medicine.

Dr Jo Leonardi-Bee, Director of Postgraduate Education, School of Medicine
Professor Tony Avery, Dean of the School of Medicine, Faculty of Medicine and Health Sciences.

Services for students at the University of Nottingham

There are services at Nottingham providing help with everything from financial and health issues to childcare. Information for some of the key university services listed below are given on the following pages. Further information is can be found on the relevant parts of the University of Nottingham website.

- Student Services (ex Academic Services activities)
- Careers & Employability Service
- Confirmation of Student Status
- Council Tax Exemption
- Cripps Dental Centre
- Graduate School
- Sport & Leisure
- Student Services
- Student Union
- University Chaplaincy
- University Child Care Services
- University Counselling Service
- University Health Service (Cripps Health Centre)
As a result of a major university-wide exercise known as Project Transform, many of the activities of what was Academic Services Division are now undertaken by Student Services department. Most website information has been transferred, however, you may notice that some of the website links include “academicservices”, ie, they have not yet been updated.

Student Services (ex Academic Services activities)

Matters relating to registration at Nottingham, module registration, graduation, Quality Manual, regulations, appeals, etc.
☎ +44 (0)115 74 86500 (internal 86500)

Academic appeals (part of Student Services – Service Development)
There is information within the University Quality Manual relating to appeals, complaints, etc. Please see:
https://www.nottingham.ac.uk/academicservices/qualitymanual/assessmentandawards/academicappealpolicyandprocedure.aspx

http://www.nottingham.ac.uk/academicservices/currentstudents/academicappealsmisconduct.aspx


Student conduct (part of Student Services – Service Development)
The Code of Discipline for Students is one of the options within the page of links relating to regulations. Please see
http://www.nottingham.ac.uk/academicservices/currentstudents/regulations.aspx

Careers and Employability Service

Website pages include useful information on making applications.
☎ +44 (0)115 951 3680
✉ careers-team@nottingham.ac.uk
www.nottingham.ac.uk/careers/students/index.aspx

Confirmation of student status
If you need a letter confirming you are a student, go to direct to
http://store.nottingham.ac.uk/browse/extra_info.asp?compid=1&modid=1&catid=90&prodvarid=485
You can also get to it via the Student Services pages
http://www.nottingham.ac.uk/studentservices/support/officialdocuments/index.aspx and click on the link for Confirmation of Student Status which gives details of what is included. To request the letter, click on link for Confirmation of Student Status Letter. Choose from delivery by email, collection, courier, post and use the Add to Basket button for the letter, then complete the electronic form.
**Council Tax Exemption**

If you live in or near Nottingham, the university will automatically inform your local council. Please check by clicking on link for Council Tax Exemption at [http://www.nottingham.ac.uk/studentservices/support/officialdocuments/index.aspx](http://www.nottingham.ac.uk/studentservices/support/officialdocuments/index.aspx).

If you live further afield, click on link for Council Tax Exemption Letter request form and in the Store, use the Add to Basket button for the letter, then complete the electronic form – you can choose to collect it from a Student Service Centre or have it posted to you.

**Cripps Dental Centre**

Offers services under the National Health Service for students and students.

📞 +44 (0)115 950 6781 / 951 3099  
www.crippsdentalcentre.co.uk/cripps dentalcentre/index.aspx

**Graduate School at University of Nottingham**

The Graduate School has Graduate Centres for postgraduate students on all campuses. There is a Graduate Centre on the 1st floor of the Amenities Building on Jubilee Campus, accessible with your student card. Existing trainees have found this useful on teaching days as there are tea and coffee-making facilities, a fridge, newspapers, comfy chairs, etc. In some centres, there are rooms which can be booked.

[www.nottingham.ac.uk/graduateschool/index.aspx](http://www.nottingham.ac.uk/graduateschool/index.aspx)

The Graduate School also provides a range of dedicated research development activities including training courses and seminars run through their Researcher Development Programmes.

[www.nottingham.ac.uk/graduateschool/traininganddevelopment/researcher/index.aspx](http://www.nottingham.ac.uk/graduateschool/traininganddevelopment/researcher/index.aspx)

**Sport & Leisure**

As well as over 70 student sports clubs and an extensive performance sport programme, the Department of Sport offer fitness classes, intramural sport, casual opportunities and coached introductions to sport.

The David Ross Sports Village on University Park Campus, scheduled to open in September 2016, provides the main facilities, but there are also facilities at other campuses, including a fitness suite and sport pitches on Jubilee Campus.

📞 +44 (0)115 951 5516  
[www.nottingham.ac.uk/sport/index.php](http://www.nottingham.ac.uk/sport/index.php)
Student Services at University of Nottingham

Students can go to any Student Service Centre on any campus as first port of call to deal with many enquiries including payment of resit fees, financial support, academic support, disability support, change of name or status, thesis submission (see Research Handbook) and general enquiries.

www.nottingham.ac.uk/studentservices/index.aspx

University Park Campus

University Park Central
Cherry Tree Lodge (building 13 on University Park Campus map)

University Park East
B103, Physics Building (building 57 on University Park Campus map)

University Park West
Humanities Building (building 55 on University Park Campus map)

Queens Medical Centre

B3, Medical School (West Block) ((building 45 on University Park Campus map)

Jubilee Campus

A32, Exchange Building (building 2 on the Jubilee Campus map)

Sutton Bonnington

A10, The Barn (building 20 on the Sutton Bonnington Campus map)

City Hospital

Clinical Sciences Building (building D on the City Hospital Campus map)

Royal Derby Hospital

School of Medicine/School of Health Sciences (building 16 on the Royal Derby Hospital map)

☎️ +44 (0)115 74 86500 (internal 86500)
http://www.nottingham.ac.uk/studentservices/contact-us/locations.aspx

Academic Support & Disability Support (part of Student Services)

Academic Support provides a personal and practical approach to academic study and opportunities for both undergraduate and postgraduate students to develop their learning strategies. It also provides specialist academic support for students with dyslexia, dyspraxia and other Specific Learning Difficulties.
Disability support co-ordinates support and access arrangements for disabled students and those with long term medical conditions. The senior Disability Liaison Officer (DLO) for students in the School of Medicine is Judith Franklin (judith.franklin@nottingham.ac.uk).

☎ +44 (0)115 951 3710 or +44 (0)115 2070
Minicom: +44 (0)115 951 4378
✉ SSC@nottingham.ac.uk
dyslexia-support@nottingham.ac.uk
disability-support@nottingham.ac.uk

Equality & Diversity (part of Student Services)

The University of Nottingham is fully committed to:
- Providing equality of opportunity for our staff and students.
- Freedom from unlawful discrimination on the grounds of race, nationality, ethnic origin, colour, gender identity and/or expression, marital or civil partnership status, disability, sexual orientation, religious, spiritual or political beliefs, age or social class.

In order to achieve goals and maintain values, the University aims to attract, recruit and retain staff and students of the highest standard. Only by ensuring equality of opportunity can the University be confident that it is recruiting from the widest available pool of talented individuals.

The Equality Act 2010 brings together and extends existing equality legislation and identifies the following as protected characteristics:
- Age
- Disability
- Gender Re-assignment
- Marriage and Civil Partnerships
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex
- Sexual Orientation

☎ +44 (0)115 951 3710
Minicom: +44 (0)115 951 4378
✉ SSC@nottingham.ac.uk

Financial Support (part of Student Services)

Provides information and advice on all aspects of student finance.

☎ +44 (0)115 823 2071
Students’ Union

The Students’ Union provides advice and representational support on a wide range of issues and practical support and advice on a range of welfare matters. It is based in the Portland Building on University Park. There a number of departments and officers (more information is available on the website), plus shops and bars.

 **Student Advice Centre** (part of Students’ Union)
The Student Advice Centre offers a free and impartial service to all University of Nottingham students. They can give advice and information on a wide range of matters, such as housing, education and finances.

 **Course Advice** (part of Students’ Union)
The Student Union Education Advisers are responsible for representing the view of all University of Nottingham students on academic issues and can advise on a range of issues including:

  - Academic Appeals
  - Extenuating Circumstances
  - Academic Offences
  - Fitness to Practice
  - Disciplinary Matters
  - Complaints

 **Health & Wellbeing** (part of Students’ Union)
Various services offered. See www.su.nottingham.ac.uk/advice/health-and-wellbeing/

 **Volunteering** (part of Students’ Union)
The student union is involved in many volunteering activities both within the student union itself and in the local community. See www.su.nottingham.ac.uk/volunteering/
• **Nightline** (part of Students’ Union)
  Nightline is a student-run volunteering organisation that provides a confidential and anonymous point of contact for students at both University of Nottingham and Nottingham Trent University. The service is provided by telephone, email, skype and instant messenger service, as well as via a PostSecrets service.
  Nightline is available from 7pm to 8am every night during term time. Call or email anonymously (the person who picks up your message won’t be able to see your email address).
  ☑️ +44 (0)115 951 4985
  ✉️ nightlineanon@nottingham.ac.uk.
  [http://www.nottinghamnightline.co.uk/](http://www.nottinghamnightline.co.uk/)

**SU Print Shop** (part of Students’ Union)
Printing, copying and binding services. Based in Portland Building on University Park Campus.
  ☑️ +44 (0)115 846 8777
  ✉️ suprintshop@nottingham.ac.uk
  [www.studentsunionprintshop.com/](http://www.studentsunionprintshop.com/)

**University Chaplaincy**

- Chaplains from Christian, Islamic & Jewish faiths available
- Information for other faiths also available
- Students are welcome to visit Chaplaincy offices on campus to talk over any concerns. The Jubilee campus office is on the B floor of the Amenities Building.

  ☑️ +44 (0)115 951 3931
  ✉️ chaplains@nottingham.ac.uk
  [www.nottingham.ac.uk/chaplaincy/index.aspx](http://www.nottingham.ac.uk/chaplaincy/index.aspx)

**University Child Care Services**

- On University Park campus near the David Ross Sports Village
- For staff and students with children
- Day Nursery offers day care for children aged four months to five years in purpose-built premises
- Play centre offers term-time and full-time day care for aged 15 months to five years
- Holiday Playscheme for children aged 4½ to 12 years during school closures.
- Toy Library
- Child Care Support Scheme available to provide some assistance towards child care costs
- Demand for places is high so early application is recommended

  ☑️ +44 (0)115 951 5222
  ✉️ childcareservices@nottingham.ac.uk
  [www.nottingham.ac.uk/child-care/index.aspx](http://www.nottingham.ac.uk/child-care/index.aspx)
See also www.busybeeschildcare.co.uk/ which provides a child care service on University Park campus near the David Ross Sports Village
☎ +44 (0)115 9229117

**University Counselling Service**

The Counselling Service is a free, confidential service for all staff and students of the University of Nottingham. The aim is to provide support in study and work by offering confidential, professional help with any personal, emotional or mental health problems.

☎ +44 (0)115 951 3695
✉ counselling.service@nottingham.ac.uk
www.nottingham.ac.uk/counselling/index.aspx

**University Health Service – Cripps Health Centre**

- Based on University Park Campus
- Provides medical services for students and their families who are eligible for National Health Service care
- Specialist advice available from visiting consultants

☎ +44 (0)115 846 8888
www.nottingham.ac.uk/unhs/the-university-of-nottingham-health-service.aspx
Appendices
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<thead>
<tr>
<th>Week</th>
<th>Monday</th>
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<td>26th Sep - 30th</td>
<td>1  Ind @ UofL</td>
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### APPENDIX A3

**YEAR 3 Academic Year 2016/2017**

- **Autumn Semester**
- **Spring Semester**
- **Summer Period**
- **Teaching at Lincoln**
- **Teaching at Nottingham**
- **Teaching at both**
- **Clinical Placement**
- **# Oral assessment**
- **# RPP panel - trainees only attend one panel**
- **Holiday**

**<----- Selection Week**

- **# assessment handin**
- **$ extra teaching may be scheduled**
  - in case of cancellations
- ***** indicates clinical teaching, 9am to 11am**
- **$ thesis - intention to submit**
- **v indicates potential viva dates**
Guidelines for trainees attending teaching involving service users or carers on the Trent Clinical Psychology Doctorate

**Do:**

- Contribute to making the ground rules at the beginning of the session, particularly if you think there are any rules missing. Standard rules are provided on the other side of this sheet, but you may want to add more.
- Engage with the session, as this will support the service user or carer.
- Look after yourself in the session if the issues raised are sensitive for you.
- Respect different experiences and perspectives, even if they are put powerfully and you do not agree with them personally.
- Take the opportunity to ask any questions – this is a great opportunity to learn from service users or carers. However, be prepared for individuals to at times say that they do not want to answer a question and respect this.
- Be aware of your language. If you are unsure about whether a word or phrase is acceptable, be open about this and check.
- Use the feedback sheets to let those involved in the teaching know what you valued or would have liked to be done differently.
- Speak to the lecturer or a tutor if you are affected by the issues raised. Make use of the Student or NHS Trust counselling services.
- Take what you learn to your practice!

**Do not:**

- Forget that other trainees or the lecturer may have personal experiences as service users or carers.
Do not: /contd

- Ask a service user to disclose their own diagnosis / diagnoses if they have not done so already.
- Make private comments with others during teaching, however inoffensive they might be.

Standard ground rules for teaching involving service users and carers on the Trent Clinical Psychology Doctorate

- Listen to others and do not interrupt.
- What is discussed in the room remains confidential within the room.
- If you see the service user or carer outside the teaching session in the future, please do not discuss the session.
- Take responsibility for your wellbeing
  - leave the room if you need to;
  - discuss any issues raised with the lecturer and service user or carer after the session.
- Ask any question that is phrased respectfully, but be prepared for the possibility that the person may choose not to answer.
- Respect differences in opinions, even if they are put across powerfully and you do not agree with them.

Details of university counselling services:

University of Nottingham Counselling Service

Website:  http://www.nottingham.ac.uk/counselling/index.aspx
Address:  The Orchards, University Park, NG7 2RD
Telephone:  0115 951 3695
Email:  counselling.service@nottingham.ac.uk

University of Lincoln Counselling Service

Website:  studentservices.lincoln.ac.uk/student-wellbeing-home/counselling
Telephone:  Telephone: 01522 886 400
Email:  studentwellbeing@lincoln.ac.uk
Guidelines for lecturers involving service users or carers in teaching on the Trent Clinical Psychology Doctorate

**Do:**

- Involve the service user or carer in the planning of the teaching as well as the delivery.

- Be clear with the service user or carer about your respective roles in the teaching, e.g. whether they are observing, ‘chipping in’ or co-facilitating.

- Let the service user or carer have a session plan in good time. If you are co-facilitating, ensure you are clear about who is leading which sections.

- Discuss in advance who will set up the ground rules at the beginning of the sessions.

- Make sure you have swapped contact details before the teaching and arrange a clear meeting place in good time before the lecture begins.

- Check whether the person would like a call, an email or a letter to confirm your details and when and where the teaching is.

- If you telephone the person before the session, begin the call by checking whether they are somewhere that they can talk about issues related to being a service user or carer.

- Before the session begins, check the service user or carer is okay and has a drink or anything else they might need.

- Be creative in thinking about how trainees can ask potentially sensitive questions, e.g. on a post-it note before a break so that the service user or carer can have some time to see questions before having to answer them.

- Stick to the pre-arranged break time – the service user or carer might really want to leave the room but wait until the break to avoid attention.
**Do:** /contd

- Set ground rules at the beginning of the lecture – some standard rules are overleaf but you may want to add to them.
- Debrief with the service user or carer after the lecture.
- Be mindful of your own needs and wellbeing, particularly if any of the issues are sensitive for you.

**Do not:**

- Introduce unplanned material into the session without warning.
- Forget that the trainees may have had experiences as either service users or carers.
- Hesitate to ask for support from course staff around issues of involvement if you need to.

**Standard ground rules for teaching involving service users and carers on the Trent Clinical Psychology Doctorate**

- Listen to others and do not interrupt.
- What is discussed in the room remains confidential within the room.
- If you see the service user or carer outside the teaching session in the future, please do not discuss the session.
- Take responsibility for your wellbeing
  - leave the room if you need to;
  - discuss any issues raised with the lecturer and service user or carer after the session.
- Ask any question that is phrased respectfully, but be prepared for the possibility that the person may choose not to answer.
- Respect differences in opinions, even if they are put across powerfully and you do not agree with them.
Guidelines for service users or carers involved in teaching on the Trent Clinical Psychology Doctorate

Do:
- Talk to the lecturer before the lecture to prepare. Let them know what you are willing or not willing to disclose in teaching.
- Have clarity about your role in the lecture: are you there to observe, ‘chip in’ or co-facilitate?
- Have a co-worker in the session to support you if you want to.
- Only disclose personal information to illustrate a point.
- Prepare a response that you will use if somebody asks you a question you do not want to answer.
- Make sure you have contact details for the lecturer before the teaching.
- Have a pre-arranged break time that you and the lecturer stick to.
- Set ground rules at the beginning of the lecture – some standard rules are on the other side of this sheet. Work out in advance with the lecturer whether you will do this together, or whether just one of you will do this.
- Let people know at the beginning of the lecture that you might not want to answer every question. You might want the lecturer to say this on your behalf.
- Talk to the lecturer after the lecture to debrief and think about how it went.
- Remember that the trainees may have had similar experiences to you, either as service users or carers.
- Let the lecturer know if you feel a trainee has been disrespectful.
- Ask from support from the lecturer or course staff if you need to.
Do not:

- Turn up if you are not feeling good – it is okay to cancel!
- Do it on your own unless you are completely comfortable doing so, especially when you do not know the lecturer you are working with.
- Disclose anything that you had not previously thought about disclosing.
- Disclose things that are not relevant to the present teaching.
- Answer a question if you do not want to – use your pre-prepared answer.

Standard ground rules for teaching involving service users and carers on the Trent Clinical Psychology Doctorate

- Listen to others and do not interrupt.
- What is discussed in the room remains confidential within the room.
- If you see the service user or carer outside the teaching session in the future, please do not discuss the session.
- Take responsibility for your wellbeing
  - leave the room if you need to;
  - discuss any issues raised with the lecturer and service user or carer after the session.
- Ask any question that is phrased respectfully, but be prepared for the possibility that the person may choose not to answer.
- Respect differences in opinions, even if they are put across powerfully and you do not agree with them.
Participation in Clinical Teaching Sessions

Teaching on the Trent Programme is not restricted to passive listening; it also involves active participation in exercises which occasionally a trainee may find stressful. For example, some people may find it somewhat exposing to role play in front of their peers, to disclose personal feelings, or to discuss their personal viewpoints, all things which occur in experiential sessions, or in sessions where the focus is on feelings about professional work and career development. Although we don’t intend to make teaching stressful it may be experienced as such. Even just hearing about problems may take some trainees feel uncomfortable from time to time.

Support for trainees
Although we expect trainees to be appropriately robust in relation to the issues which will be encountered in training, we also expect them to be able to reflect on and talk about their feelings – all of us need to recognise when seeking support from others is the most appropriate action. The Programme Handbook contains information about sources of support.

Your consent to participation in clinical teaching
It is a requirement of the Health and Care Professions Council (HCPC) that when students participate in clinical teaching they have given informed consent to this.

Programme expectations in relation to clinical teaching
To fulfil your contract of employment, the course team expects that trainees will actively participate in all aspects of the academic programme, including:

- Lectures/seminars/tutorials
- Experiential exercises which take place as part of teaching sessions
- Workshops on clinical topics
- Role-play as part of the above activities (including taking the role of both therapist and client)
- Reflective practice exercises

Where a trainee finds participation in an aspect of the programme too difficult to cope with they are entitled to withdraw from the teaching session if necessary, but the programme expects them to do this in an appropriately professional manner. If difficulties can be anticipated and/or are likely to be prolonged it is good practice to inform your Personal Tutor and to develop an action plan.

Disclosure of personal information
The nature of the programme means that discussion of personal feelings in relation to professional development may be appropriate and sometimes necessary, and there is an expectation that trainees will be open to discussion of these feelings if these are relevant to their clinical work and professional development.

Confidentiality
Trainees who discuss their experience of stress arising from clinical teaching (or indeed any personal issue) with a member of staff are entitled to usual assurance of confidentiality set out in the Programme Handbook.

Consenting to participate clinical teaching
Signing this contract indicates that you acknowledge and accept the specified expectations.

Trainee Name:_____________________________________________________

Signature:_______________________________ Date:____________________
PBL work on the Trent Programme

When you join the Trent programme you will be allocated to a small group or ‘quad’ to complete a range of PBL assignments. You will remain part of the same group throughout training.

Previous trainees have analysed their experience of working as a quad when completing PBL tasks and based on this, provided a list of ‘do’s and don’ts’ of PBL work to share with trainees joining the programme. The reflections of two cohorts were analysed to identify key themes within their lists of ‘do’s and don’ts’ to form the basis of the following suggestions.

It is important to note that this document is not intended as a prescriptive set of guidelines that your group should follow. Rather, the ideas shared here may be useful points to consider when thinking about PBL work, your quad and how to make PBL work feel safe and productive.

Thinking about working in groups

At the beginning of training it may be useful to spend some time thinking about working in groups and the potential challenges and benefits that this may hold. It is important to hold in mind that experiencing intense emotions, disagreements, distractions and enjoyment are a normal part of being in a group. Some points you may wish to consider include:

- What psychological model or theory helps you to understand relationships, interactions and behaviours? Think with your quad about how these could be applied to groups.
- Talk to your personal tutor and placement supervisor about theories of group processes or experiences in groups more generally.
- Begin to keep a reflective diary from the outset of training. Try to write freely about your thoughts and feelings and any patterns that you notice within your group.

Building and maintaining relationships

Unsurprisingly, forming relationships was viewed as central to effective PBL work. Taking time to get to know one another was thought to be important in the early stages of the course. Past trainees shared that understanding one another and the multiple contexts and roles a trainee has outside of training is helpful in establishing a sense of group cohesion.

Open communication was seen as important in this process, particularly in maintaining relationships and effective quad functioning over time. Trainees reflected that it can feel threatening to be in a group of individuals with varied experience and knowledge as we often make judgement about the ‘value’ of these. Trying to maintain a sense of openness about communicating about different ideas and valuing the diversity of experience were seen as important to completing PBL tasks.
Group formation and approach to PBL tasks

Forming a PBL group involves balancing many tasks including building relationships, developing a shared understanding of what you are being asked to achieve and negotiating roles and responsibilities.

- It may be helpful to formalise ground rules and boundaries for your PBL group. This may help to establish a shared expectation of the group and of each other and begin to foster a sense of safety about your work together.
- Share your strengths and weaknesses – think about tasks that you are confident in and skills that you would like to develop. How could your quad use people’s strengths to complete tasks and offer opportunities for you each to develop?
- Consider setting an agenda for each PBL session so you have a shared understanding of your goals and a way of maintaining your focus on the task.

Reflective practice

Reflective practice was considered crucial in PBL work both at an individual and group level. Trainees suggested that through personal reflection they were able to consider how they worked in a group and interactions which they found challenging. There was an element of trainees wondering ‘What do I bring to this interaction that shapes how I am feeling and how I respond?’ Trainees valued the group experience in promoting their self-awareness and having an understanding of how others may experience them in a group. This was considered valuable to clinical practice, particularly to working in or supporting teams.

It may also be beneficial to engage in reflection as a group. This may be challenging at first as groups often experience anxiety about the impact this may have on group relationships. However, reflecting as a group on PBL tasks may be helpful in identifying patterns of work and interactions that may be more or less helpful which can be used to inform future PBL work.

Linked with this, trainees reflected on the group experience of anxiety and conflict. They viewed this as a normal process and acknowledged the challenge experienced in trying to work through this as a group. However, they consistently advised not to avoid conflict, ruptures and strong emotions. Whilst there was a sense that openness and reflection could feel unsafe, it was thought that over time this may enhance cohesiveness and therefore group productivity. Trying to maintain a focus on interactions between you rather than personalising issues which arose was seen as crucial in this process. Reflective practice supported PBL groups in identifying and responding to unhelpful strategies and patterns of communication which emerged in the group in response to anxiety. This was viewed as being more helpful.

It will be important to find a way of reflecting upon anxiety and ruptures which works for your group and in a way which fosters some sense of safety. It is also important to reflect upon and celebrate your achievements as a quad. Take time to pause and acknowledge your successes before jumping in to the next task or deadline.

Sources of support

Many trainees reflected upon their quad as being a source of support throughout the course, both practically and emotionally. Some trainees thought it was important to think about how much support your group can offer. However, many said that their quad
(and wider cohort) was the central form of support during training. Some things you may wish to consider include:

- Take notes for a group member when they are receiving verbal feedback for a task.
- Share your worries and experiences – it is unlikely that it is just you who is feeling the pressure.
- Think about how your personal tutor could offer support to PBL work. Arranging group tutorials may be a helpful way of thinking about how you are working together. It may also be a safer way to think about challenges or conflict that arises within your group.

**Looking ahead**

Keep in mind that although there was consistency in the reflections offered by trainees, your experiences of quad work may be different. Understandably, it is likely that in the moment, your focus as a quad will be on completing and passing PBL tasks. The analysis presented here was based on reflections at a time when a quad had completed multiple PBL tasks together and as such represent what trainees learn through this process. With this in mind, PBL work may best be thought of as experiential learning about yourself and about processes in groups – although this may only become apparent at a later stage of training (if at all). Hopefully some of the reflections here will be beneficial, if only to highlight that whilst challenges in PBL work may be the norm, your quad (and your cohort) can also be a great source of support throughout training.
The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it.

This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions. References in this document to the NHS and NHS services include local authority public health services, but references to NHS bodies do not include local authorities. Where there are differences of detail these are explained in the Handbook to the Constitution.

The Constitution will be renewed every 10 years, with the involvement of the public, patients and staff. It is accompanied by the Handbook to the NHS Constitution, to be renewed at least every three years, setting out current guidance on the rights, pledges, duties and responsibilities established by the Constitution. These requirements for renewal are legally binding. They guarantee that the principles and values which underpin the NHS are subject to regular review and recommitment; and that any government which seeks to alter the principles or values of the NHS, or the rights, pledges, duties and responsibilities set out in this Constitution, will have to engage in a full and transparent debate with the public, patients and staff.
1. Principles that guide the NHS

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. These values are set out in the next section of this document.

1. The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

2. Access to NHS services is based on clinical need, not an individual’s ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3. The NHS aspires to the highest standards of excellence and professionalism – in the provision of high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.

4. The patient will be at the heart of everything the NHS does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.

6. The NHS is committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

7. The NHS is accountable to the public, communities and patients that it serves. The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.
2. NHS values

Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and that should underpin everything it does. Individual organisations will develop and build upon these values, tailoring them to their local needs. The NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS.

Working together for patients.
Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.

Respect and dignity. We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.

Commitment to quality of care.
We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.

Compassion. We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person’s pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care.

Improving lives. We strive to improve health and wellbeing and people’s experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.

Everyone counts. We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.
3a. Patients and the public – your rights and NHS pledges to you

Everyone who uses the NHS should understand what legal rights they have. For this reason, important legal rights are summarised in this Constitution and explained in more detail in the Handbook to the NHS Constitution, which also explains what you can do if you think you have not received what is rightfully yours. This summary does not alter your legal rights.

The Constitution also contains pledges that the NHS is committed to achieve. Pledges go above and beyond legal rights. This means that pledges are not legally binding but represent a commitment by the NHS to provide comprehensive high quality services.

**Access to health services:**

- **You have the right** to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.

- **You have the right** to access NHS services. You will not be refused access on unreasonable grounds.

- **You have the right** to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.

- **You have the right** to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.

- **You have the right**, in certain circumstances, to go to other European Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner.

- **You have the right** not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

- **You have the right** to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.
The NHS also commits:

- to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution (pledge);
- to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered (pledge); and
- to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them (pledge).

Quality of care and environment:

You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.

You have the right to be cared for in a clean, safe, secure and suitable environment.

You have the right to receive suitable and nutritious food and hydration to sustain good health and wellbeing.

You have the right to expect NHS bodies to monitor, and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services.

The NHS also commits:

- to identify and share best practice in quality of care and treatments (pledge).

Nationally approved treatments, drugs and programmes:

You have the right to drugs and treatments that have been recommended by NICE¹ for use in the NHS, if your doctor says they are clinically appropriate for you.

You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.

You have the right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.

¹ NICE (the National Institute for Health and Care Excellence) is an independent organisation producing guidance on drugs and treatments. ‘Recommended for use by NICE’ refers to a type of NICE recommendation set out in legislation. The relevant health body is obliged to fund specified NICE recommendations from a date no longer than three months from the publication of the recommendation unless, in certain limited circumstances, a longer period is specified.
The NHS also commits:

- to provide screening programmes as recommended by the UK National Screening Committee (pledge).

Respect, consent and confidentiality:

You have the right to be treated with dignity and respect, in accordance with your human rights.

You have the right to be protected from abuse and neglect, and care and treatment that is degrading.

You have the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests.2

You have the right to be given information about the test and treatment options available to you, what they involve and their risks and benefits.

You have the right of access to your own health records and to have any factual inaccuracies corrected.

You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure.

You have the right to be informed about how your information is used.

You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered, and where your wishes cannot be followed, to be told the reasons including the legal basis.

The NHS also commits:

- to ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively (pledge);
- that if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution (pledge);
- to anonymise the information collected during the course of your treatment and use it to support research and improve care for others (pledge);
- where identifiable information has to be used, to give you the chance to object wherever possible (pledge);
- to inform you of research studies in which you may be eligible to participate (pledge); and

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2 If you are detained in hospital or on supervised community treatment under the Mental Health Act 1983 different rules may apply to treatment for your mental disorder. These rules will be explained to you at the time. They may mean that you can be given treatment for your mental disorder even though you do not consent.
• to share with you any correspondence sent between clinicians about your care (pledge).

**Informed choice:**

**You have the right** to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.

**You have the right** to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply.

**You have the right** to transparent, accessible and comparable data on the quality of local healthcare providers, and on outcomes, as compared to others nationally.

**You have the right** to make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution.

**The NHS also commits:**

• to inform you about the healthcare services available to you, locally and nationally (pledge); and

• to offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available (pledge).

**Involvement in your healthcare and in the NHS:**

**You have the right** to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care, and to be given information and support to enable you to do this. Where appropriate, this right includes your family and carers. This includes being given the chance to manage your own care and treatment, if appropriate.

**You have the right** to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which, in the opinion of a healthcare professional, has caused, or could still cause, significant harm or death. You must be given the facts, an apology, and any reasonable support you need.

**You have the right** to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.
The NHS also commits:

- to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);
- to work in partnership with you, your family, carers and representatives (pledge);
- to involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge); and
- to encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).

You have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS.

You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.

You have the right to compensation where you have been harmed by negligent treatment.

The NHS also commits:

- to ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment (pledge);
- to ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again (pledge); and
- to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services (pledge).
3b. Patients and the public – your responsibilities

The NHS belongs to all of us. There are things that we can all do for ourselves and for one another to help it work effectively, and to ensure resources are used responsibly.

Please recognise that you can make a significant contribution to your own, and your family’s, good health and wellbeing, and take personal responsibility for it.

Please register with a GP practice – the main point of access to NHS care as commissioned by NHS bodies.

Please treat NHS staff and other patients with respect and recognise that violence, or the causing of nuisance or disturbance on NHS premises, could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services.

Please provide accurate information about your health, condition and status.

Please keep appointments, or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do.

Please follow the course of treatment which you have agreed, and talk to your clinician if you find this difficult.

Please participate in important public health programmes such as vaccination.

Please ensure that those closest to you are aware of your wishes about organ donation.

Please give feedback – both positive and negative – about your experiences and the treatment and care you have received, including any adverse reactions you may have had. You can often provide feedback anonymously and giving feedback will not affect adversely your care or how you are treated. If a family member or someone you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their experiences on their behalf. Feedback will help to improve NHS services for all.
4a. Staff – your rights and NHS pledges to you

It is the commitment, professionalism and dedication of staff working for the benefit of the people the NHS serves which really make the difference. High-quality care requires high-quality workplaces, with commissioners and providers aiming to be employers of choice.

All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients. To do this, they need to be trusted, actively listened to and provided with meaningful feedback. They must be treated with respect at work, have the tools, training and support to deliver compassionate care, and opportunities to develop and progress. Care professionals should be supported to maximise the time they spend directly contributing to the care of patients.

The Constitution applies to all staff, doing clinical or non-clinical NHS work – including public health – and their employers. It covers staff wherever they are working, whether in public, private or voluntary sector organisations.

Staff have extensive legal rights, embodied in general employment and discrimination law. These are summarised in the Handbook to the NHS Constitution. In addition, individual contracts of employment contain terms and conditions giving staff further rights.

The rights are there to help ensure that staff:
- have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;
- have a fair pay and contract framework;
- can be involved and represented in the workplace;
- have healthy and safe working conditions and an environment free from harassment, bullying or violence;
- are treated fairly, equally and free from discrimination;
- can in certain circumstances take a complaint about their employer to an Employment Tribunal; and
- can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest.

In addition to these legal rights, there are a number of pledges, which the NHS is committed to achieve. Pledges go above and beyond your legal rights. This means that they are not
legally binding but represent a commitment by the NHS to provide high-quality working environments for staff.

The NHS commits:

- to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability (pledge);

- to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities (pledge);

- to provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential (pledge);

- to provide support and opportunities for staff to maintain their health, wellbeing and safety (pledge);

- to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families (pledge);

- to have a process for staff to raise an internal grievance (pledge); and

- to encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996 (pledge).
4b. Staff – your responsibilities
All staff have responsibilities to the public, their patients and colleagues.

Important legal duties are summarised below.

You have a duty to accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.

You have a duty to take reasonable care of health and safety at work for you, your team and others, and to co-operate with employers to ensure compliance with health and safety requirements.

You have a duty to act in accordance with the express and implied terms of your contract of employment.

You have a duty not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.

You have a duty to protect the confidentiality of personal information that you hold.

You have a duty to be honest and truthful in applying for a job and in carrying out that job.

The Constitution also includes expectations that reflect how staff should play their part in ensuring the success of the NHS and delivering high-quality care.

You should aim:

• to provide all patients with safe care, and to do all you can to protect patients from avoidable harm;

• to follow all guidance, standards and codes relevant to your role, subject to any more specific requirements of your employers;

• to maintain the highest standards of care and service, treating every individual with compassion, dignity and respect, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole;

• to find alternative sources of care or assistance for patients, when you are unable to provide this
(including for those patients who are not receiving basic care to meet their needs);

• to take up training and development opportunities provided over and above those legally required of your post;

• to play your part in sustainably improving services by working in partnership with patients, the public and communities;

• to raise any genuine concern you may have about a risk, malpractice or wrongdoing at work (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff3 or the organisation itself, at the earliest reasonable opportunity;

• to involve patients, their families, carers or representatives fully in decisions about prevention, diagnosis, and their individual care and treatment;

• to be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation;

• to contribute to a climate where the truth can be heard, the reporting of, and learning from, errors is encouraged and colleagues are supported where errors are made;

• to view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care;

• to take every appropriate opportunity to encourage and support patients and colleagues to improve their health and wellbeing;

• to contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring health care;

• to inform patients about the use of their confidential information and to record their objections, consent or dissent; and

• to provide access to a patient’s information to other relevant professionals, always doing so securely, and only where there is a legal and appropriate basis to do so.

3 The term ‘staff’ is used to include employees, workers, and, for the purposes of the Employment Rights Act 1996 (the ERA) (as amended by the Public Interest Disclosure Act), agency workers, general practitioners (e.g. those performing general medical services under General Medical Services Contracts), student nurses and student midwives, who meet the wider ERA definition of being a ‘worker’. Whilst volunteers are not covered by the provisions of the ERA, guidance to employers makes clear that it is good practice to include volunteers within the scope of organisations’ local whistleblowing policies.
Principles and values that guide the NHS

http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx

The NHS was created out of the ideal that good healthcare should be available to all, regardless of wealth. When it was launched by the then minister of health, Aneurin Bevan, on July 5, 1948, it was based on three core principles:

• that it meet the needs of everyone
• that it be free at the point of delivery
• that it be based on clinical need, not ability to pay

These three principles have guided the development of the NHS over more than 60 years and remain at its core.

In March 2011, the Department of Health published the NHS Constitution. It sets out the guiding principles of the NHS and your rights as an NHS patient.

The seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. The NHS principles are listed below, but you can find an in-depth explanation about each principle in the Handbook to the NHS Constitution available on the GOV.UK website.

Principle 1 - The NHS provides a comprehensive service available to all

This principle applies irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to diagnose, treat and improve both physical and mental health. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
Principle 2 - Access to NHS services is based on clinical need, not an individual’s ability to pay

NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

Principle 3 - The NHS aspires to the highest standards of excellence and professionalism

- in the provision of high-quality care that is safe, effective and focused on patient experience
- in the people it employs, and in the support, education, training and development they receive
- in the leadership and management of its organisations
- and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population

Respect, dignity, compassion and care should be at the core of how patients and staff are treated – not only because that is the right thing to do, but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.

Principle 4 - The NHS aspires to put patients at the heart of everything it does

It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

Principle 5 - The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.
**Principle 6 - The NHS is committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources.**

Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

**Principle 7 - The NHS is accountable to the public, communities and patients that it serves**

The NHS is a national service funded through national taxation. The government sets the framework for the NHS, and it is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

**NHS Values**

Patients, public and staff have helped develop this expression of values that inspire passion in the NHS, and that should underpin everything it does. Individual organisations will develop and build upon these values, tailoring them to their local needs. The NHS values provide common ground for cooperation to achieve shared aspirations, at all levels of the NHS.

**Working together for patients**

The value of "working together for patients" is a central tenet guiding service provision in the NHS and other organisations providing health services. Patients must come first in everything the NHS does. All parts of the NHS system should act and collaborate in the interests of patients, always putting patient interest before institutional interest, even when that involves admitting mistakes. As well as working with each other, health service organisations and providers should also involve staff, patients, carers and local communities to ensure they are providing services tailored to local needs.

**Respect and dignity**

Every individual who comes into contact with the NHS and organisations providing health services should always be treated with respect and dignity, regardless of whether they are a patient, carer or member of staff. This value seeks to ensure that organisations value and respect different needs, aspirations and priorities, and take them into account when designing and delivering services. The NHS aims to foster a spirit of candour and a culture of humility, openness and honesty, where staff communicate clearly and openly with patients, relatives and carers.
Commitment to quality of care

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience. Quality should not be compromised – the relentless pursuit of safe, compassionate care for every person who uses and relies on services is a collective endeavour, requiring collective effort and collaboration at every level of the system. The delivery of high-quality care is dependent on feedback: organisations that welcome feedback from patients and staff are able to identify and drive areas for improvement.

Compassion

Compassionate care ties closely with respect and dignity in that individual patients, carers and relatives must be treated with sensitivity and kindness. The business of the NHS extends beyond providing clinical care and includes alleviating pain, distress, and making people feel valued and that their concerns are important.

Improving lives

The core function of the NHS is emphasised in this value – the NHS seeks to improve the health and wellbeing of patients, communities and its staff through professionalism, innovation and excellence in care. This value also recognises that to really improve lives the NHS needs to be helping people and their communities take responsibility for living healthier lives.

Everyone counts

We have a responsibility to maximise the benefits we obtain from NHS resources, ensuring they are distributed fairly to those most in need. Nobody should be discriminated or disadvantaged, and everyone should be treated with equal respect and importance.
Registrant practitioner psychologists must:

1 be able to practise safely and effectively within their scope of practice

1.1 know the limits of their practice and when to seek advice or refer to another professional
1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly

Registrant practitioner psychologists must:

2 be able to practise within the legal and ethical boundaries of their profession

2.1 understand the need to act in the best interests of service users at all times
2.2 understand what is required of them by the Health and Care Professions Council
2.3 understand the need to respect and uphold the rights, dignity, values and autonomy of service users including their role in the assessment, treatment and intervention process and in maintaining health and wellbeing
2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of practice even in situations of personal incompatibility
2.5 understand current legislation applicable to the work of their profession
2.6 understand the importance of and be able to obtain informed consent
2.7 be able to exercise a professional duty of care
2.8 understand the complex ethical and legal issues of any form of dual relationship and the impact these may have on service users
2.9 understand the power imbalance between practitioners and service users and how this can be managed appropriately
2.10 be able to recognise appropriate boundaries and understand the dynamics of power relationships
2.11 understand the organisational context for their practice as a practitioner psychologist

Registrant practitioner psychologists must:

3 be able to maintain fitness to practise

3.1 understand the need to maintain high standards of personal and professional conduct
3.2 understand the importance of maintaining their own health
3.3 understand both the need to keep skills and knowledge up to date and the importance of career-long learning
3.4 be able to manage the physical, psychological and emotional impact of their practice
Registrant practitioner psychologists must:

4 be able to practise as an autonomous professional, exercising their own professional judgement
4.1 be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
4.2 be able to make reasoned decisions to initiate, continue, modify or cease treatment, intervention or the use of techniques or procedures, and record the decisions and reasoning appropriately
4.3 be able to initiate resolution of problems and be able to exercise personal initiative
4.4 recognise that they are personally responsible for and must be able to justify their decisions
4.5 be able to make and receive appropriate referrals
4.6 understand the importance of participation in training, supervision and mentoring

Registrant practitioner psychologists must:

5 be aware of the impact of culture, equality and diversity on practice
5.1 understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on psychological wellbeing or behaviour
5.2 understand the requirement to adapt practice to meet the needs of different groups and individuals

Registrant practitioner psychologists must:

6 be able to practise in a non-discriminatory manner

Registrant practitioner psychologists must:

7 understand the importance of and be able to maintain confidentiality
7.1 be aware of the limits of the concept of confidentiality
7.2 understand the principles of information governance and be aware of the safe and effective use of health, social care and other relevant information
7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public

Registrant practitioner psychologists must:

8 be able to communicate effectively
8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others
8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5.

The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.

8.3 understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability

8.4 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others

8.5 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs

8.6 understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions

8.7 be able to select the appropriate means for communicating feedback to service users

8.8 be able to provide psychological opinion and advice in formal settings, as appropriate

8.9 be able to communicate ideas and conclusions clearly and effectively to specialist and non-specialist audiences

8.10 be able to explain the nature and purpose of specific psychological techniques to service users

8.11 be able to summarise and present complex ideas in an appropriate form

8.12 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible

8.13 recognise the need to use interpersonal skills to encourage the active participation of service users

8.14 be able to use formulations to assist multi-professional communication and understanding

8.15 understand explicit and implicit communications in a practitioner – service user relationship

8.16 be able to appropriately define and contract work with commissioning service users or their representatives

Registrant practitioner psychologists must:

9 be able to work appropriately with others

9.1 be able to work, where appropriate, in partnership with serviceusers, other professionals, support staff and others

9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team

9.3 understand the need to engage service users and carers in planning and evaluating assessments, treatments and interventions to meet their needs and goals

9.4 understand the need to implement interventions, care plans or management plans in partnership with service users, other professionals and carers

9.5 be able to initiate, develop and end a practitioner – service user relationship

9.6 understand the dynamics present in relationships between service users and practitioners

9.7 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

9.8 be able to plan, design and deliver teaching and training which takes into account the needs and goals of participants
9.9 be able to support the learning of others in the application of psychological skills, knowledge, practices and procedures

9.10 be able to use psychological formulations with service users to facilitate their understanding of their experience or situation

Registrant practitioner psychologists must:

10 be able to maintain records appropriately
10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines
10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines

Registrant practitioner psychologists must:

11 be able to reflect on and review practice
11.1 understand the value of reflection on practice and the need to record the outcome of such reflection
11.2 recognise the value of case conferences or other methods of review
11.3 be able to reflect critically on their practice and consider alternative ways of working
11.4 understand models of supervision and their contribution to practice

Registrant practitioner psychologists must:

12 be able to assure the quality of their practice
12.1 be able to engage in evidence-based and evidence-informed practice, evaluate practice systematically and participate in audit procedures
12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care or experience
12.3 be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
12.4 be able to maintain an effective audit trail and work towards continual improvement
12.5 be aware of, and able to participate in, quality assurance programmes, where appropriate
12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
12.7 be able to revise formulations in the light of ongoing intervention and when necessary reformulate the problem
12.8 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
12.9 be able to monitor agreements and practices with service users, groups and organisations
Registrant practitioner psychologists must:

13 understand the key concepts of the knowledge base relevant to their profession

13.1 understand the structure and function of the human body, together with knowledge of health, well-being, disease, disorder and dysfunction relevant to their domain

13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of the effectiveness of interventions and the research process

13.3 recognise the role of other professions and stakeholders relevant to the work of their domain

13.4 understand the structures and functions of UK service providers applicable to the work of their domain

13.5 understand the theoretical basis of, and the variety of approaches to, assessment and intervention

13.6 understand the role of the practitioner psychologist across a range of settings and services

13.7 understand the concept of leadership and its application to practice

13.8 understand the application of consultation models to service-delivery and practice, including the role of leadership and group processes

Clinical psychologists only

13.9 understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation

13.10 understand more than one evidence-based model of formal psychological therapy

13.11 understand psychological models related to how biological, sociological and circumstantial or life-event-related factors impinge on psychological processes to affect psychological wellbeing

13.12 understand psychological models related to a range of presentations including:

– service users with presentations from acute to enduring and mild to severe;

– problems with biological or neuropsychological aspects; and

– problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic physical and mental health conditions

13.13 understand psychological models related to service users:

– from a range of social and cultural backgrounds;

– of all ages;

– across a range of intellectual functioning;

– with significant levels of challenging behaviour;

– with developmental learning disabilities and cognitive impairment;

– with communication difficulties;

– with substance misuse problems; and

– with physical health problems
13.14 understand psychological models related to working:
   – with service users, couples, families, carers, groups and at the organisational and community level; and
   – in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care

13.15 understand change and transition processes at the individual, group and organisational level

13.16 understand social approaches such as those informed by community, critical and social constructivist perspectives

13.17 understand the impact of psychopharmacological and other clinical interventions on psychological work with service users

Registrant practitioner psychologists must:

14 be able to draw on appropriate knowledge and skills to inform practice

14.1 be able to apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks and psychological paradigms

14.2 be able to change their practice as needed to take account of new developments or changing contexts

14.3 be able to conduct appropriate assessment or monitoring procedures, treatment, interventions, therapy or other actions safely and effectively

14.4 be able to conduct consultancy

14.5 be able to formulate specific and appropriate management plans including the setting of timescales

14.6 be able to manage resources to meet timescales and agreed project objectives

14.7 be able to use psychological formulations to plan appropriate interventions that take the service user's perspective into account

14.8 be able to direct the implementation of applications and interventions carried out by others

14.9 be able to gather appropriate information

14.10 be able to make informed judgements on complex issues in the absence of complete information

14.11 be able to work effectively whilst holding alternative competing explanations in mind

14.12 be able to generalise and synthesise prior knowledge and experience in order to apply them critically and creatively in different settings and novel situations

14.13 be able to select and use appropriate assessment techniques

14.14 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment

14.15 be able to choose and use a broad range of psychological assessment methods, appropriate to the service user, environment and the type of intervention likely to be required

14.16 be able to decide how to assess, formulate and intervene psychologically from a range of possible models and modes of intervention with service users or service systems
14.17 be able to use formal assessment procedures, systematic interviewing procedures and other structured methods of assessment relevant to their domain

14.18 be able to undertake or arrange investigations as appropriate

14.19 be able to analyse and critically evaluate the information collected

14.20 be able to critically evaluate risks and their implications

14.21 be able to demonstrate a logical and systematic approach to problem solving

14.22 be able to use research, reasoning and problem solving skills to determine appropriate actions

14.23 be able to recognise when further intervention is inappropriate, or unlikely to be helpful

14.24 recognise the value of research to the critical evaluation of practice

14.25 be aware of a range of research methodologies

14.26 be able to evaluate research and other evidence to inform their own practice

14.27 be able to initiate, design, develop, conduct and critically evaluate psychological research

14.28 understand a variety of research designs

14.29 be able to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches

14.30 be able to use professional and research skills in work with service users based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation

14.31 understand research ethics and be able to apply them

14.32 be able to conduct service and large scale evaluations

14.33 be able to use information and communication technologies appropriate to their practice

Clinical psychologists only

14.34 be able to assess social context and organisational characteristics

14.35 be able to develop psychological formulations using the outcomes of assessment, drawing on theory, research and explanatory models

14.36 be able to draw on knowledge of developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities

14.37 understand therapeutic techniques and processes as applied when working with a range of individuals in distress including:

- those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life-events, eating, psychosis, use of substances; and

- those with somatoform, psychosexual, developmental, personality, cognitive and neurological presentations

14.38 be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user

14.39 be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy

14.40 be able to promote awareness of the actual and potential contribution of psychological services

14.41 be able to evaluate and respond to organisational and service delivery changes, including the provision of consultation
Registrant practitioner psychologists must:

15 understand the need to establish and maintain a safe practice environment

15.1 understand the need to maintain the safety of both service users and those involved in their care or experience

15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these

15.3 be able to establish safe environments for practice, which minimise risks to service users, those treating them and other
The BPS Core Competences

Psychological Assessment

Developing and maintaining effective working alliances with clients, including individuals, carers and services.

Ability to choose, use and interpret a broad range of assessment methods appropriate:
• to the client and service delivery system in which the assessment takes place
• to the type of intervention which is likely to be required

Assessment procedures in which competence is demonstrated will include
• formal procedures (use of standardised instruments)
• systematic interviewing procedures
• other structured methods of assessment (e.g. observation or gathering information from others)
Conducting appropriate risk assessment and using this to guide practice

Psychological Formulation

Developing formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors.

Using formulations with clients to facilitate their understanding of their experience.

Using formulations to plan appropriate interventions that take the client’s perspective into account

Using formulations to assist multi-professional communication, and the understanding of clients and their care

Revising formulations in the light of ongoing intervention and when necessary re-formulating the problem
## Psychological Intervention

On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner with:
- individuals
- couples, families or groups
- services/organisations

Implementing interventions through and with other professions and/or with individuals who are formal (professional) carers for a client, or who care for a client by virtue of family or partnership arrangements

Recognising when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers

## Communication and Teaching

Communicating effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (eg to professional colleagues, and to users and their carers)

Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication

Preparing and delivering teaching and training which takes into account the needs and goals of the participants (for example by appropriate adaptations to methods and content)

Understanding of the supervision process for both supervisee and supervisor roles

## Transferable skills

Deciding, using a broad evidence and knowledge base, how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention with clients, carers and service systems

Generalising and synthesising prior knowledge and experience in order to apply them in different settings and novel situations

Demonstrating self-awareness and working as a reflective practitioner

Ability to think critically, reflectively and evaluatively
Evaluation

Selecting and implementing appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational), and using this information to inform and shape practice. Where appropriate this will also involve devising innovative procedures.

Auditing clinical effectiveness

Personal and Professional Skills

Understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants

Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimised

Understanding the impact of difference and diversity on people’s lives, and its implications for working practices

Working effectively at an appropriate level of autonomy, with awareness of the limits of own competence, and accepting accountability to relevant professional and service managers

Managing own personal learning needs and developing strategies for meeting these

Using supervision to reflect on practice, and making appropriate use of feedback received

Developing strategies to handle the emotional and physical impact of own practice and seeking appropriate support when necessary, with good awareness of boundary issues

Working collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints
Service Delivery

Adapting practice to a range of organisational contexts, on the basis of an understanding of pertinent organisational and cultural issues

Understanding of consultancy models and the contribution of consultancy to practice

Awareness of the legislative and national planning context of service delivery and clinical practice

Working with users and carers to facilitate their involvement in service planning and delivery

Working effectively in multi-disciplinary teams

Understanding of change processes in service delivery systems

Research

Identifying and critically appraising research evidence relevant to practice

Conducting service evaluation and small N research

Conducting collaborative research

Planning and conducting independent research i.e. identifying research questions, demonstrating an understanding of ethical issues, choosing appropriate research methods and analysis, reporting outcomes and identifying appropriate pathways for dissemination
Learning outcomes of each placement

**Foundation Placement (FPA & FPB)**

*This placement is designed to enable trainees to put into practice the basic proficiencies acquired in the theoretical and skills training modules. It will include observations of clinical assessment, formulation, intervention and evaluation to gain an understanding of the breadth of work in Clinical Psychology. Students will receive training in basic proficiencies and then proceed to individual client work.*

Aims:

<table>
<thead>
<tr>
<th>To enable trainees to be...</th>
<th>1. conversant with the context of Clinical Psychology practice,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. skilled in recognising types of problems presenting in services,</td>
</tr>
<tr>
<td></td>
<td>3. proficient at forming and maintaining therapeutic relationships with individuals,</td>
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<tr>
<td></td>
<td>4. adept at identifying the nature of problems presented by specific individual clients,</td>
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<tr>
<td></td>
<td>5. able to formulate an assessment and an intervention strategy for individual clients,</td>
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<tr>
<td></td>
<td>6. capable of evaluating the effect of psychological interventions.</td>
</tr>
</tbody>
</table>

Learning Outcomes:

<table>
<thead>
<tr>
<th>Knowledge &amp; Understanding</th>
<th>1. Knowledge of the service in which the placement is based and of the parameters and limitations of service delivery.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Knowledge of the professional and legislative framework for the service, and understanding of its impact on practitioners.</td>
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<tr>
<td></td>
<td>3. Understanding of the position of users and carers in relation to the service, respecting the influence of difference and diversity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intellectual Skills</th>
<th>1. Ability to organise complex information for use in assessment, formulation, intervention and evaluation in relation to individual clients.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Ability to draw on different forms of knowledge and evidence.</td>
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<tr>
<td></td>
<td>3. Capacity for ethical reasoning within psychological practice.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional &amp; Practical Skills</th>
<th>1. Ability to build and maintain working alliances with individuals.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2. Capacity for carrying out a cycle of assessment, formulation, intervention, and evaluation in relation to the psychological care of individuals.</td>
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<td></td>
<td>3. Ability to communicate effectively with clients, carers, and professionals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferable Skills</th>
<th>1. Capacity for learning from observation and experience.</th>
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<tbody>
<tr>
<td></td>
<td>2. Basic self-care skills in relation to personal resources, professional development, and workload.</td>
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<tr>
<td></td>
<td>4. Ability to balance previous experience with reliance on - and accountability to - others, appropriate to the stage of training.</td>
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</table>
Foundation Placement Proficiencies:

<table>
<thead>
<tr>
<th>Alliance:</th>
<th></th>
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<tbody>
<tr>
<td><strong>Therapeutic Bond:</strong></td>
<td></td>
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<tr>
<td>● Creating a safe climate, fostering trust and rapport.</td>
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<tr>
<td>● Engagement skills.</td>
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<tr>
<td>● Active listening.</td>
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<tr>
<td>● Accurate empathy.</td>
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<tr>
<td>● Handling clients in distress.</td>
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<tr>
<td>● Understanding, acknowledging and using the therapeutic relationship.</td>
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</table>

<table>
<thead>
<tr>
<th>Tasks and Goals:</th>
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<tbody>
<tr>
<td>● Clarifying parameters of therapy.</td>
<td></td>
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<tr>
<td>● Handling confidentiality issues.</td>
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<tr>
<td>● Establishing clear therapeutic contract.</td>
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<tr>
<td>● Socialising client into the theoretical framework for the intervention.</td>
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<tr>
<td>● Awareness of termination issues.</td>
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</table>

<table>
<thead>
<tr>
<th>Assessment:</th>
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<tbody>
<tr>
<td>● Ability to choose, use and interpret a broad range of assessment methods appropriate to the client and service delivery system in which the assessment takes place and to the type of intervention which is likely to be required:</td>
<td></td>
</tr>
<tr>
<td>o Using standardised instruments,</td>
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<tr>
<td>o Systematic interviewing procedures,</td>
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<tr>
<td>o Other structured methods of assessment (e.g. observation or gathering information from others),</td>
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<tr>
<td>o Conducting appropriate risk assessment and using this to guide practice.</td>
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<tr>
<td>● Assessment of intelligence and cognitive functioning.</td>
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<thead>
<tr>
<th>Formulation:</th>
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</thead>
<tbody>
<tr>
<td>● Developing formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors.</td>
<td></td>
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<tr>
<td>● Incorporating interpersonal features of the therapeutic relationship into the formulation.</td>
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<tr>
<td>● Using formulations with clients to facilitate their understanding of their experience.</td>
<td></td>
</tr>
<tr>
<td>● Using formulations to plan appropriate interventions that take the client’s perspective into account.</td>
<td></td>
</tr>
<tr>
<td>● Using formulations to assist multi-professional communication, and the understanding of clients and their care.</td>
<td></td>
</tr>
<tr>
<td>● Revising formulations in the light of ongoing intervention and when necessary re-formulating the problem.</td>
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<tr>
<th>Intervention:</th>
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<tbody>
<tr>
<td>● On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s).</td>
<td></td>
</tr>
<tr>
<td>● Using interventions from different theoretical frameworks.</td>
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<tr>
<td>● Working in a collaborative manner with individuals.</td>
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</tr>
<tr>
<td>● Recognising when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers.</td>
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<tr>
<th>Evaluation:</th>
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<tbody>
<tr>
<td>● Selecting and implementing appropriate methods to evaluate the</td>
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</tbody>
</table>
effectiveness, acceptability and broader impact of interventions.
- Using information gathered from evaluation to inform and shape practice.
- Devising innovative procedures for evaluation where necessary.

**Self-Awareness and Self-Care:**
- Developing strategies to handle the emotional and physical impact of own practice on self.
- Seeking appropriate support when necessary.
- Demonstrating good awareness of boundary issues.
- Using supervision to reflect on practice.
- Being open to and making appropriate use of feedback received.

**Communication:**
- Communicating plainly and sensitively with clients.
- Communicating clearly with carers and colleagues, orally and in writing.

**Context and Diversity:**
- Appreciating the inherent power imbalance between practitioners and clients and knowing how abuse of this can be minimised.
- Understanding and respecting the impact of difference and diversity.
- Understanding and respecting the impact of any disabilities.
- Understanding and adapting to the current life stage of the client.

**Other Professional Proficiencies:**
- Understanding the importance and limitations of confidentiality.
- Understanding of ethical issues and applying these in clinical contexts.
- Ensuring that informed consent underpins all contact with clients.
- Keeping good records of work undertaken.
- Working collaboratively with fellow psychologists and other colleagues.
- Participating in staff and team meetings.
- Managing and organising own workload and cases.
Second Year Placements (SYP A & B)

*These placements are designed to provide trainees with the practical skills and proficiencies required for working with couples, families, groups, and indirectly through others.*

**Aims:**

To enable trainees to be...
1. able to identify the complex nature of clients’ problems in the context of their position in the life span, as well as their social and cultural context,
2. adept at taking account of a wide range of interacting factors including the individual as part of a couple, family, group, community and/or service,
3. capable of assessing and treating clients within couple, family or group modalities,
4. proficient at forming and maintaining therapeutic relationships with more than one individual,
5. adept at recognising the needs of carers and care staff and the appropriateness of working in partnership with other professions and agencies, indirectly and preventatively,
6. conversant with the role of the Clinical Psychologist in the multi-disciplinary team,
7. competent using evidence based practice approaches that are alternatives to CBT.

**Learning Outcomes:**

<table>
<thead>
<tr>
<th>Knowledge &amp; Understanding</th>
<th>1. Clinical psychology across the life span and abilities range.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. The influence of partners, families, and wider social groups on the presentation of individual problems.</td>
</tr>
<tr>
<td></td>
<td>3. Group dynamics and their role in the work of multi-disciplinary teams.</td>
</tr>
<tr>
<td></td>
<td>4. The contributions made by other professions to client care.</td>
</tr>
<tr>
<td></td>
<td>5. Ethical and moral dilemmas generated by moving beyond the individual client remit.</td>
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<tr>
<td></td>
<td>6. The institutional, social, political and cultural context of Clinical Psychology services.</td>
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<tr>
<td></td>
<td>7. Change processes in institutions and their impact on psychological practice.</td>
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<tr>
<td></td>
<td>9. How to adapt a service evaluation or audit protocol to meet the constraints of organisational realities.</td>
</tr>
<tr>
<td></td>
<td>10. The differences between research and audit/service evaluation and the consequent implications for ethics and informed consent.</td>
</tr>
<tr>
<td></td>
<td>11. What influences systems and organisations to recognise or resist the need for structured enquiry into their practice.</td>
</tr>
<tr>
<td></td>
<td>12. What influences systems and organisations to accept or reject the results of a structured enquiry into their practice.</td>
</tr>
</tbody>
</table>

| Intellectual Skills | 1. Organise complex information for use in assessment, formulation, intervention and evaluation in relation to individuals, couples, families, groups and larger systems. |
|                    | 2. Translate complex psychological concepts into everyday language to more than one person. |
3. Think in terms of prevention as well as intervention.
4. Use a doctoral level understanding of the core principles of clinical psychology to integrate theory and practice.
5. Choose a small scale study design appropriate to the clinical setting.
6. Critically appraise one's own service evaluation/audit methodology.
7. Interpret service evaluation/audit findings and evaluate their significance.

2. Approach novel situations creatively so moving beyond specific guidelines and protocols.
3. Communicate effectively with multi-person systems, such as couples, families groups and teams, statutory and voluntary services, and systems led by service users.
4. Facilitate the involvement of service users and carers in the planning, delivery and evaluation of services.
5. Be effective in empowering service users and carers.
6. Promote psychological understanding through consultancy and indirect work.
7. Build, maintain, and manage triangular and multi-person alliances.
8. Build, maintain, and manage institutional alliances.
9. Terminate professional relationships appropriately.
10. Influence systems and organisations to recognise rather than resist the need for structured enquiry into their practice.
11. Influence systems and organisations to accept rather than reject the results of a structured enquiry into their practice.
12. Communicate to services the possibilities and limitations of scientific enquiry in a specific setting.
13. Identify and refine and negotiate questions, which are answerable within service and methodological constraints. |

| Transferable Skills | 1. Balance developing autonomy with awareness of limitations, appropriate to the stage of training.
2. Critique, synthesise and generalise prior expertise and experience in order to create new knowledge and techniques to be applied in different settings and novel situations.
3. Where appropriate, consider problem formulations as processes rather than events.
4. Integrate psychological, biological and sociological knowledge bases and diverse forms of evidence.
5. Be effective in empowering others.
6. Use doctoral level skills to communicate complex alternative, integrative and trans-theoretical models effectively to colleagues and other professionals.
7. Analyse, edit and present results of small scale research for a mixed audience.
8. Acquire the habit of a reflective scientist-practitioner of challenging existing practice through continuous enquiry and the application of scientific principles to meet the ever changing needs of evolving service. |
### Alliance:
- Basic alliance proficiencies as for Foundation Placement.
- Managing triangular relationships, avoiding exclusions.
- Building and maintaining multi-person alliances:
  - Awareness of couple, family, and group dynamics,
  - Handling sub-grouping,
  - Avoiding scapegoating.
- Building and maintaining institutional alliances:
  - Managing divided loyalties,
  - Negotiating divergent tasks and goals.

### Assessment:
- Assessment proficiencies as for Foundation Placement.
- Balancing the assessment of two- and multi-person systems with that of the individuals in them.
- Identifying suitable points for intervening in complex systems.
- Considering the different information and methods required to assess clients for different evidence based approaches.

### Formulation:
- Formulation proficiencies as for Foundation Placement.
- Generating formulations for the structure and dynamics of multi-person systems.
- Integrating such formulations with those of the individuals within the system.
- Generating formulations taking into account rural isolation and poverty
- Considering how different theoretical perspectives can lead to novel formulations for the same client.

### Intervention:
- Intervention proficiencies as for Foundation Placement.
- Using interventions from different frameworks, which are specific to couple, family, and group work.
- Experience of working with co-therapists.
- Generating specific interventions geared towards institutional settings (such as residential and day-care) and whole communities.
- Choosing between prevention and intervention strategies.
- Comparing and contrasting specific therapeutic techniques involved when working from different theoretical perspectives.

### Evaluation:
- Evaluation proficiencies as for Foundation Placement.
- Recognising that outcomes for individuals might differ from those for couples, families and groups ‘as a whole’, and adjusting strategies for evaluation accordingly.
- Involving users and wider communities in evaluation.
- Appreciating the variety of ways that change can be measured and understood according to the theoretical perspective taken.

### Self-Awareness and Self-Care:
- Proficiencies as for Foundation Placement.
- Recognising the intense psychological impact that multi-person systems can have on self and adjusting strategies to handle this.
- Experience of working with supervisory/consulting teams.
- Understanding the profound impact that complex systems can have on self and pursuing strategies to manage such impacts.
Communication:
- Communication proficiencies as for Foundation Placement.
- Balancing communications directed to individuals with those directed towards couples, groups, and families ‘as a whole’.
- Communicating effectively in circumstances where there may be significant ambivalence, or barriers to understanding.

Context and Diversity:
- Proficiencies as for Foundation Placement.
- Recognising and respecting that individuals within multi-person systems may be at different stages in the life cycle.
- Recognising and respecting that individuals within multi-person systems may be from diverse backgrounds and have differing resources and disabilities.
- Understanding the culture and traditions of communities in order to work collaboratively with services and organisations.
- Recognising and respecting that individuals within communities may be from diverse backgrounds and have differing resources and disabilities.
- Appreciating that the diverse backgrounds of particular clients might contribute to decisions about the most appropriate theoretical approach to adopt in relation to working with them.
Third Year Placement - Specialist (TYP S)

This placement is designed to provide trainees with the opportunity of working within a specialist area of clinical psychology and to work at an advanced level with complex cases.

Aims:

To enable trainees to be

1. able to select a specialist area in which to further their skills, knowledge, and experience,
2. conversant with the knowledge base and context of the chosen area,
3. capable of working with complex cases,
4. skilled at working at an advanced level, overcoming impasses and obstacles to interventions,
5. appreciative of learning from other professions.

Learning Outcomes:

<table>
<thead>
<tr>
<th>Knowledge &amp; Understanding</th>
<th>1. Working knowledge of theoretical background, evidence base, and social context regarding the chosen specialist area.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Critical understanding of how the chosen specialist area impacts on the practice of Clinical Psychology and is influenced by it.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intellectual Skills</th>
<th>1. Capacity for identifying an area of practice in which to acquire specialist knowledge, skills, and experience.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2. Ability to integrate a professional psychological perspective with the demands and priorities of the specialist area.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional &amp; Practical Skills</th>
<th>1. Capacity for carrying out a cycle of assessment, formulation, intervention, and evaluation at an advanced level and with complex cases.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2. Ability to decide on the appropriate balance of direct intervention and teaching, training, and consultancy in relation to the specialist area.</td>
</tr>
<tr>
<td></td>
<td>3. Aptitude for communicating effectively in difficult and/or hostile circumstances.</td>
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</table>

<table>
<thead>
<tr>
<th>Transferable Skills</th>
<th>1. Ability to decide, on the basis of previous experience and of a personal learning plan, areas in which to expand and specialise.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Ability to audit personal clinical effectiveness.</td>
</tr>
<tr>
<td></td>
<td>3. Capacity for deciding, using a broad evidence and knowledge base, how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention with clients, carers and service systems.</td>
</tr>
</tbody>
</table>
Specialist Placement Proficiencies:

<table>
<thead>
<tr>
<th>Alliance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alliance proficiencies as for previous placements.</td>
</tr>
<tr>
<td></td>
<td>Monitoring moment-to-moment interactions with individuals and/or multi-person systems.</td>
</tr>
<tr>
<td></td>
<td>Dealing effectively with alliance ruptures and managing hostility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assessment proficiencies as for previous placements.</td>
</tr>
<tr>
<td></td>
<td>In addition, any particular proficiencies relating to the specialist area and specified in the placement contract.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Formulation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Formulation proficiencies as for previous placements.</td>
</tr>
<tr>
<td></td>
<td>In addition, any particular proficiencies relating to the specialist area and specified in the placement contract.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention proficiencies as for previous placements.</td>
</tr>
<tr>
<td></td>
<td>In addition, any particular proficiencies relating to the specialist area and specified in the placement contract.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluation proficiencies as for previous placements.</td>
</tr>
<tr>
<td></td>
<td>In addition, any particular proficiencies relating to the specialist area and specified in the placement contract.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Awareness and Self-Care:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proficiencies as for previous placements.</td>
</tr>
<tr>
<td></td>
<td>Appreciating the powerful psychological effects that complex and difficult cases can have on the practitioner and finding ways of managing such effects.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Communication proficiencies as for previous placements.</td>
</tr>
<tr>
<td></td>
<td>Communicating clearly, sensitively, and empathically in difficult and hostile circumstances.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Context and Diversity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proficiencies as for previous placements.</td>
</tr>
<tr>
<td></td>
<td>Understanding and respecting diverse backgrounds and experiences which may give rise to non-compliance, impasses, and other obstacles to effective intervention.</td>
</tr>
</tbody>
</table>
Third Year Placement - Final (TYP F)

This placement is designed to provide trainees with the opportunity for completing all practical components required for qualification as a Chartered Clinical Psychologist.

Aims:

To enable trainees to be
1. experienced in working with individuals, families, groups, systems and organizations,
2. experienced in working across the lifespan,
3. experienced in working in adult mental health, child mental health and with people with disabilities,
4. able to view their work from a professional psychological perspective while being aware of its wider contexts,
5. able to meet all the practical requirements for qualification.

Learning Outcomes:

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Understanding of the contribution Clinical Psychology can make in relation to a diverse range of clients and settings, in both direct and indirect ways.</td>
</tr>
<tr>
<td>Intellectual Skills</td>
<td>1. Ability to generate a professional psychological perspective, based on values, knowledge and evidence.</td>
</tr>
<tr>
<td></td>
<td>2. Ability to integrate such a professional psychological perspective with the culture, priorities, and demands of the NHS and other Public Services.</td>
</tr>
<tr>
<td>Professional &amp; Practical Skills</td>
<td>1. Developed ability to work as a Clinical psychologist within a Scientist Practitioner / Reflective Practitioner model.</td>
</tr>
<tr>
<td></td>
<td>2. Preparing and delivering teaching and training adapted to the needs and goals of the audience.</td>
</tr>
<tr>
<td></td>
<td>3. Ability to communicate effectively, adapting to a diverse range of clients, needs, problems, settings, and circumstances.</td>
</tr>
<tr>
<td>Transferable Skills</td>
<td>1. Balancing clinical autonomy and awareness of own limitations, appropriate to level of professional development.</td>
</tr>
<tr>
<td></td>
<td>2. Critical appreciation of the supervision process from the perspectives of both supervisee and supervisor.</td>
</tr>
<tr>
<td></td>
<td>3. Developed ability to manage both personal and professional learning, using self-awareness and critical reflection on self.</td>
</tr>
</tbody>
</table>

Final Placement Proficiencies:

- Any proficiencies contained in the Portfolio of Proficiencies which have not been covered or attained in previous placements.
- Any proficiencies contained in the Portfolio of Proficiencies which have been attained in previous placements but not with the full range of clients and/or across the life span.
Proficiencies by Placement
Sections to be Completed in the Portfolio of Proficiencies (POP)

<table>
<thead>
<tr>
<th>FPA</th>
<th>FPB</th>
<th>SYP A</th>
<th>SYP B</th>
<th>TYP S</th>
<th>TYP F</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST YEAR</td>
<td>SECOND YEAR</td>
<td>THIRD YEAR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1. Psychological Assessment

a) Developing and maintaining effective working alliances with clients, other professionals, relatives and carers. To be met across all placements

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Psychometric instruments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Systematic interviewing procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) File review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) Structured observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) Undertake thorough, sensitive and detailed assessment by choosing and interpreting information from a broad range of appropriate techniques and methods, such as:

To be met across all placements

c) Keep accurate records, manage files / clinical data / networking etc in accordance with applicable legislation, protocols and guidelines

To be met across all placements

d) Conduct appropriate risk assessments (actuarial and clinical)

To be met across all placements

### 2. Psychological Formulation

a) Develop comprehensive formulations based on psychological models and theories supported by academic evidence

To be met across all placements

b) Generate and test hypotheses related to formulations

To be met across all placements

c) Use formulations with clients, MDTs and other professional agencies to facilitate their understanding of clients’ experience

To be met across all placements

d) Revise formulations and make changes to practice in light of new / changing information

To be met across all placements
<table>
<thead>
<tr>
<th>e) Formulate and deliver plans and strategies for meeting wider health and social care needs</th>
<th>To be met across all placements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Psychological Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>a) Develop and deliver formal interventions based on appropriate formulations, evidence based models with:</td>
<td></td>
</tr>
<tr>
<td>(i) <em>individuals</em></td>
<td>Normally met in First Year</td>
</tr>
<tr>
<td>(ii) <em>couples, families or groups</em></td>
<td>Normally met in Second or Third Year</td>
</tr>
<tr>
<td>(iii) <em>services/organisations</em></td>
<td>Normally met in Second or Third Year</td>
</tr>
<tr>
<td>b) Recognise when intervention is inappropriate and manage endings</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>c) Demonstrate understanding of impact of psychopharmacological and other clinical interventions on psychological work</td>
<td>To be met on 2 or more placements</td>
</tr>
<tr>
<td>d) Collaborate with third parties to implement interventions</td>
<td>To be met on 2 or more placements</td>
</tr>
<tr>
<td><strong>4. Communication and Teaching</strong></td>
<td></td>
</tr>
<tr>
<td>a) Communicate information from a psychological perspective to service users and carers and colleagues</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>b) Understanding of explicit and implicit communication in therapeutic relationships</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>c) Adapt communication to client need e.g. age, culture</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>d) Plan, design and deliver teaching and training which takes into account the needs and goals of the participants</td>
<td>To be met on 2 or more placements</td>
</tr>
<tr>
<td>e) Communicate with third parties to develop their psychological knowledge and skills</td>
<td>To be met on 2 or more placements</td>
</tr>
</tbody>
</table>
### 5. Transferable Skills

<table>
<thead>
<tr>
<th>a) Demonstrate a scientist-practitioner approach that incorporates hypothesis testing into a cycle of assessment, formulation and intervention</th>
<th>To be met across all placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Generalise and synthesise prior knowledge, skills and experience in order to apply them critically and creatively in different contexts.</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>c) Demonstrate self-awareness and work as a reflective practitioner in order to know the limits of own practice and initiate resolution of problems</td>
<td>To be met across all placements</td>
</tr>
</tbody>
</table>
| d) Demonstrate a broad knowledge of CBT and at least one other evidence based model to compare, critique and synthesise approaches | CBT knowledge, skills and experience normally gained in First Year  
Knowledge, skills and experience in psychological model other than CBT normally gained in Second or Third Year |
| e) Demonstrate an appropriate level of proficiency in the use of information technology appropriate to practice | To be met in First Year |

### 6. Evaluation

<table>
<thead>
<tr>
<th>a) Evaluate own practice systematically and modify approach accordingly</th>
<th>To be met across all placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Audit and review service practice to ensure quality control and quality assurance</td>
<td>To be met on one placement – normally met in Second or Third Year</td>
</tr>
<tr>
<td>c) Use case conferences other methods of review</td>
<td>To be met on one placement</td>
</tr>
</tbody>
</table>
### 7. Personal and Professional Skills

<table>
<thead>
<tr>
<th>a)</th>
<th>Demonstrate respect and uphold the rights, dignity, values and autonomy of every service user, even in situations of personal incompatibility</th>
<th>To be met across all placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>b)</td>
<td>Understand ethical issues (e.g. consent, confidentiality, duty of care) and apply this in order to serve the best interests of clients and others</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>c)</td>
<td>Appreciate the power imbalance inherent to client - practitioner relationships and how this can be appropriately managed</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>d)</td>
<td>Understand the varying impacts of difference and diversity on people’s lives and its implications for working practices in order to practice in a non-discriminatory manner</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>e)</td>
<td>Work effectively as an autonomous professional, appropriate to level of training. Accept accountability to relevant professional and service managers, as well as professional bodies</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>f)</td>
<td>Manage own personal learning needs and developing strategies to achieve these</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>g)</td>
<td>Understand models of supervision and use the process to reflect on practice and make appropriate use of feedback</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>h)</td>
<td>Develop strategies to handle impact of practice and seek appropriate support when necessary, with good awareness of boundary issues and fitness to practise obligations</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>i)</td>
<td>Work collaboratively with fellow psychologist, other colleagues and users of services, respecting diverse viewpoints</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>j)</td>
<td>Maintaining working knowledge of HPC requirements and of the need to maintain safe practice</td>
<td>To be met across all placements</td>
</tr>
<tr>
<td>k) Demonstrate advanced knowledge and professional skills such as:</td>
<td>(i) Supervision of others</td>
<td>Normally met in Third Year</td>
</tr>
<tr>
<td></td>
<td>(ii) Consultation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(iii) Leadership</td>
<td></td>
</tr>
</tbody>
</table>

## 8. Service Delivery

| a) Adapt to organisational contexts | To be met across all placements |
| b) Develop awareness of the legislative and national planning context of service delivery and professional clinical practice | To be met across all placements |
| c) Show awareness of, and act in accordance with, Health and Safety legislation and its application to clinical practice | To be met across all placements |
| d) Work with users and carers to facilitate their involvement in wider service planning and delivery | Normally met in SYP B or in Third Year |
| e) Working collaboratively and effectively in multi-disciplinary teams | To be met on one or more placements |
| f) Understand change processes in service delivery systems | Normally met in SYP B or in Third Year |

## 9. Research

| a) Identify and critically appraise research evidence relevant to practice in order to guide assessment, formulation, intervention and evaluation | To be met across all placements |
| b) Collaboratively conducting systematic service evaluation and/or small N research, including design, implementation and interpretation | Normally met in Second Year |
Placement and Supervisor Identification Process

Collect info about supervisor availability from Heads of Service

Regional List of all supervisors compiled

Names are checked against HCPC

Check training status of supervisors

Offer appropriate training

- Introduction to supervision
- STAR supervisor training (Regional)
- Advanced supervisor training

Confirm which supervisors are available.

Write to Heads of Service detailing number of trainees and supervisors in service in next academic year

CTs write to individual supervisors confirming trainee placement

Placement commences: evaluated via placement visits & end of placement feedback form

Use placement next year

Don’t use placement next year
Placements & Pre-Course Reading List

(version August 2016)

This list contains useful references for your foundation placements. The references are divided into areas of work to enable you to identify which references are appropriate for your placement. There are also some general references which will be useful for all placements.

General References


**Child & Family**


**Adult, Older Adult and Physical Health**


**Neuropsychology**


Lezak, MD., Howieson, DB., Bigler, E & Tranel D (2012) *Neuropsychological Assessment* 5ed. OUP.

McNicholl, D & Poppleton, R (Eds) (2011) *Understanding and Caring for People with Brain Disorders*. Pavillion


info@harcourt-uk.com


**Learning Disability**


**Forensic (also note that some books listed under 'Adult' are relevant)**


(note: chapter 6 of this book is authored by members of the course team)


Aiyegbuni, A & Kelly, G (2012) *Professional and Therapeutic Boundaries in Forensic Mental Health Practice*


Trent Doctoral Programme in Clinical Psychology

PLACEMENT CONTRACT (FPA & FPB)

Trainee

Supervisor

Description of Placement

Location(s)

Placement dates

Clinical Tutor

Specify the teaching days, clinical days, research time and study time:

Please state the day and time for supervision¹.

<table>
<thead>
<tr>
<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Teaching</td>
<td>Teaching</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Placement</td>
<td>Placement</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Placement</td>
<td>Placement</td>
</tr>
<tr>
<td>Thursday</td>
<td>Placement</td>
<td>Placement</td>
</tr>
<tr>
<td>Friday</td>
<td>Research/Study</td>
<td>Research/Study</td>
</tr>
</tbody>
</table>

Please tick to show that you have discussed the following with the trainee

<table>
<thead>
<tr>
<th></th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety</td>
<td></td>
</tr>
<tr>
<td>Fire Regulations</td>
<td></td>
</tr>
<tr>
<td>Induction File</td>
<td></td>
</tr>
<tr>
<td>Note taking and report writing style in this service</td>
<td></td>
</tr>
<tr>
<td>Arrangements for file management</td>
<td></td>
</tr>
<tr>
<td>Alert trainee to ethnic mix and cultural diversity of clients using this service</td>
<td></td>
</tr>
<tr>
<td>Admin support</td>
<td></td>
</tr>
<tr>
<td>Desk and IT facilities</td>
<td></td>
</tr>
</tbody>
</table>

Please bring a copy of this completed form to the Initial Placement Meeting.
PLACEMENT CONTRACT

This placement contract is designed for the supervisor, trainee and clinical tutor to consider and define the placement experience at the start of placement. It allows expectations to be considered and the experience reviewed at the mid and end point of the placement.

The information considered in this document maps onto the learning outcomes (described below) and the guidelines laid down by the HCPC and BPS.

Planned Learning Outcomes from Placement

Learning outcomes for trainees should be developed with reference to the competency framework guidelines and the Training Logbook. The placement summary outcomes are described below:

Overview of FNP:
This placement is designed to enable trainees to put into practice the basic competencies acquired in the theoretical and skills training modules. It will include observations of clinical assessment, formulation, intervention and evaluation to gain an understanding of the breadth of work in Clinical Psychology. Students will receive training in basic competencies and then proceed to individual client work.

1. PLACEMENT DESCRIPTION

PLEASE SUMMARISE WHAT CLINICAL EXPERIENCE THE TRAINEE WILL GET ON THE PLACEMENT BY ANSWERING THE QUESTIONS AND COMPLETING THE TABLES BELOW:

A typical workload for a trainee would be in the region of 6 - 8 clients at any one time, given the range of other activities expected.

a) How many clients will the trainee work with over the life of the placement?

<table>
<thead>
<tr>
<th>Number of clients over life time of placement</th>
<th>Number of clients at mid placement review</th>
<th>Number of clients at end of placement review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) How many of these will be for assessment?

<table>
<thead>
<tr>
<th>Number of clients for assessment</th>
<th>Number of clients assessed at mid placement review</th>
<th>Number of clients assessed at end of placement review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
c) How many will be for intervention?

<table>
<thead>
<tr>
<th>Number of clients for intervention</th>
<th>Number of clients for intervention at mid placement review</th>
<th>Number of clients for intervention at end of placement review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please describe the types of clinical presentations the trainee will have the opportunity to work with (i.e. level of complexity, brief/longer term working, intellectual/physical/communication difficulties).

d) Please describe the setting(s) that the trainee will be working in (i.e. community, inpatient, MDT, lone work)


e) Will there be opportunity to work with clients from diverse backgrounds? Please say what the mix of backgrounds is likely to be.
f) What type of clinical work will the trainee have to engage in (i.e. direct, indirect, consultancy)?

<table>
<thead>
<tr>
<th>Individuals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
</tr>
</tbody>
</table>

g) Will there be any opportunity for the trainee to experience change or service planning? Please describe what this may consist of.


h) What psychological models will the trainee be likely to have the opportunity to experience?
2. UNIVERSITY ASSESSMENT REQUIREMENTS

a) Will you be willing to support the trainee with the following University assessment requirements where applicable?

<table>
<thead>
<tr>
<th>University assessment requirement</th>
<th>Willing / not willing to support trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Study</td>
<td></td>
</tr>
<tr>
<td>Written case study (formative)</td>
<td></td>
</tr>
<tr>
<td>Written/oral case study (summative)</td>
<td></td>
</tr>
<tr>
<td>Small scale research study report</td>
<td></td>
</tr>
</tbody>
</table>

b) Will you be willing to discuss the individual clinical logbook and the evaluation of clinical competence with the trainee?

Note that it is the trainee’s responsibility to discuss the following with you in advance of all placement meetings:

3. SUPERVISION / LEARNING

a. Please describe the nature of the supervision and tools you plan to use to enable supervision to take place.

Please note that the trainee and supervisor have responsibilities to adhere to the CTCP guidelines on supervision. It is expected that trainee and supervisor will discuss the nature of their supervisory relationship during the process of drawing up this contract.

| Supervision contract agreed (minimum of 1.5 hours per week of formal supervision) |
|-----------------------------------------------|-----------------------------------------|
| Use of supervision aids                       | Audio                                   |
|                                               | Video                                   |
|                                               | One way screen                          |
|                                               | Other (e.g. live supervision)           |
b. During the placement the trainee must be able to observe the supervisor working and vice versa. Joint working is also useful where possible. Please consider the possibility for trainees to observe / be observed and carry out joint working within this placement.

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan: observation of supervisor’s work</td>
</tr>
<tr>
<td>(minimum 3 occasions)</td>
</tr>
<tr>
<td>Plan: supervisor observing trainee’s work</td>
</tr>
<tr>
<td>(live / through tapes. Minimum 3 occasions)</td>
</tr>
<tr>
<td>Plan: joint working (trainee &amp; supervisor / other clinical psychologists)</td>
</tr>
<tr>
<td>Trainee has shared / discussed Case Study with supervisor</td>
</tr>
</tbody>
</table>

4. OTHER

Is there any other relevant information that you think needs to be considered in relation to this placement? (Include foreseeable problems, e.g. time supervisor or trainee will be away from placement, arrangements for cover etc.)

Are you registered with the HCPC? YES / NO

HCPC registration number:

Supervisor signature

Trainee Signature

Supervisor (1) Signature

Supervisor (2) Signature

Clinical Tutor Signature

Date
Appendix B10 (1617) – POP Guidance & Learning Outcomes (FPA FPB)

Guidance for completing
Portfolio of Proficiencies, Part A - Ratings

This is a working document that is initiated at the start of the placement, is influenced by the trainee’s Client Log, considered at mid placement reviews and completed at the end of the placement with a view to:

- developing placement goals based on the trainee's learning needs and the specific opportunities in that placement (supervisor and trainee)
- recording achieved goals (supervisor)
- giving a final ‘satisfactory’ or ‘unsatisfactory’ rating to the trainee in each of the nine core proficiency areas and for the overall placement (supervisor)
- identifying strengths and future learning needs (supervisor and trainee)
- creating an opportunity to reflect on the placement (supervisor and trainee).

1 GENERAL PLACEMENT AIMS AND OBJECTIVES

In this section the trainee and supervisor can specify any overall aims and objectives for the placement linked to the type of placement, opportunities available, and developmental stage, previous experience and particular interests of the trainee. This section may include specific geographical location, names of relevant teams/colleagues, range of experience (life cycle, client presenting problems, settings, and theoretical orientations), possibilities for academic and research work linked with the placement.

2 USING THE FORM

Each core proficiency area has a number of categories to be considered.

**Strengths** – this is based on a discussion between the trainee and supervisor about trainee's strengths based on previous relevant experiences, not necessarily in that speciality.

**Learning Needs** – to be discussed by the trainee and supervisor but in particular to be based on identified future learning needs from the previous placement.

**Specific Goals** – these relate directly to the specific placement and should flow from the learning needs, the core area and the range of experiences available.

**Evidence of Attainment** – this is agreed with the supervisor when particular goals are attained. It is the trainee's responsibility to complete the paperwork including descriptions of all the evidence. The supervisor and the trainee must then discuss the evidence and agree on the relevant code as to how / where this was evidenced. Evidence on which judgement is made may be coded as follows:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO</td>
<td>Direct Observation</td>
</tr>
<tr>
<td>IO</td>
<td>Indirect Observation</td>
</tr>
<tr>
<td>ST</td>
<td>Supervision with Trainee</td>
</tr>
<tr>
<td>D/W Cl.</td>
<td>Discussion with Client</td>
</tr>
<tr>
<td>D/W Col.</td>
<td>Discussion with Colleagues</td>
</tr>
</tbody>
</table>

Supervisors may also wish to add comments. Please note that at least some of the evidence must be based on your own direct observation of trainees’ work in practice, and from direct client feedback.
**End of Placement Rating** – the supervisor considers whether the trainee’s performance in each core area is satisfactory. A satisfactory rating means that in the judgement of the supervisor the trainee is progressing satisfactorily towards, or has already achieved, the level expected of a beginning ‘A’ grade practitioner in the particular specialism.

The supervisor should also note if they have any concerns about any possible outstanding work that must be finalised before the placement is satisfactorily completed.

**Strengths and Future Learning Needs** – this is a key area that promotes the development of core proficiencies throughout a trainee’s training.

**Rating Definitions**

The matrix below shows the way of rating trainee proficiency on any given area. There are two dimensions (opportunity and competence) and provision for trainees to be at a level of ‘almost competent’. We would expect that trainees at the end of the placement should be at the level of being sufficiently competent for their stage of training on the areas that have had sufficient opportunity to experience, bearing in mind that the trainee may not work with this client group again during training.

<table>
<thead>
<tr>
<th>COMPETENCE</th>
<th>OPPORTUNITY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No opportunity</td>
<td>Some opportunity, but not enough to fully develop the competence</td>
<td>Full opportunity</td>
</tr>
<tr>
<td>There is evidence that the trainee has developed an appropriate level of competence</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making progress</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>The trainee is not at an appropriate level of competence for this stage of training</td>
<td>X</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Extra explanation re ratings is given in the Joint Trainees – Supervisors Workshop.

Any further queries should be discussed at placement meetings.
Portfolio of Proficiencies

Foundation Placement (FPA & FPB)

Learning Outcomes

Foundation Placement (FPA & FPB):

This placement is designed to enable trainees to put into practice the basic proficiencies acquired in the theoretical and skills training modules. It will include observations of clinical assessment, formulation, intervention and evaluation to gain an understanding of the breadth of work in Clinical Psychology. Students will receive training in basic proficiencies and then proceed to individual client work.

Aims:

To enable trainees to be...
1. conversant with the context of Clinical Psychology practice,
2. skilled in recognising types of problems presenting in services,
3. proficient at forming and maintaining therapeutic relationships with individuals,
4. adept at identifying the nature of problems presented by specific individual clients,
5. able to formulate an assessment and an intervention strategy for individual clients,
6. capable of evaluating the effect of psychological interventions.
Learning Outcomes:

<table>
<thead>
<tr>
<th>Knowledge &amp; Understanding</th>
<th>1. Knowledge of the service in which the placement is based and of the parameters and limitations of service delivery.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Knowledge of the professional and legislative framework for the service, and understanding of its impact on practitioners.</td>
</tr>
<tr>
<td></td>
<td>3. Understanding of the position of users and carers in relation to the service, respecting the influence of difference and diversity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intellectual Skills</th>
<th>1. Ability to organise complex information for use in assessment, formulation, intervention and evaluation in relation to individual clients.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Ability to draw on different forms of knowledge and evidence.</td>
</tr>
<tr>
<td></td>
<td>3. Capacity for ethical reasoning within psychological practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional &amp; Practical Skills</th>
<th>1. Ability to build and maintain working alliances with individuals.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Capacity for carrying out a cycle of assessment, formulation, intervention, and evaluation in relation to the psychological care of individuals.</td>
</tr>
<tr>
<td></td>
<td>3. Ability to communicate effectively with clients, carers, and professionals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferable Skills</th>
<th>1. Capacity for learning from observation and experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Basic self-care skills in relation to personal resources, professional development, and workload.</td>
</tr>
<tr>
<td></td>
<td>4. Ability to balance previous experience with reliance on - and and accountability to - others, appropriate to the stage of training.</td>
</tr>
</tbody>
</table>

Foundation Placement Proficiencies:

**Alliance:**

**Therapeutic Bond:**
- Creating a safe climate, fostering trust and rapport.
- Engagement skills.
- Active listening.
- Accurate empathy.
- Handling clients in distress.
- Understanding, acknowledging and using the therapeutic relationship.

**Tasks and Goals:**
- Clarifying parameters of therapy.
- Handling confidentiality issues.
- Establishing clear therapeutic contract.
- Socialising client into the theoretical framework for the intervention.
- Awareness of termination issues.

**Assessment:**
- Ability to choose, use and interpret a broad range of assessment methods appropriate to the client and service delivery system in which the assessment takes place and to the type of intervention which is likely to be required:
  - Using standardised instruments,
  - Systematic interviewing procedures,
  - Other structured methods of assessment (e.g. observation or gathering information from others),
  - Conducting appropriate risk assessment and using this to guide practice.
- Assessment of intelligence and cognitive functioning.
<table>
<thead>
<tr>
<th>Formulation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developing formulations of presenting problems or situations which integrate information from assessments within a coherent framework that draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors.</td>
</tr>
<tr>
<td>• Incorporating interpersonal features of the therapeutic relationship into the formulation.</td>
</tr>
<tr>
<td>• Using formulations with clients to facilitate their understanding of their experience.</td>
</tr>
<tr>
<td>• Using formulations to plan appropriate interventions that take the client’s perspective into account.</td>
</tr>
<tr>
<td>• Using formulations to assist multi-professional communication, and the understanding of clients and their care.</td>
</tr>
<tr>
<td>• Revising formulations in the light of ongoing intervention and when necessary re-formulating the problem.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s).</td>
</tr>
<tr>
<td>• Using interventions from different theoretical frameworks.</td>
</tr>
<tr>
<td>• Working in a collaborative manner with individuals.</td>
</tr>
<tr>
<td>• Recognising when (further) intervention is inappropriate, or unlikely to be helpful, and communicating this sensitively to clients and carers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Selecting and implementing appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions.</td>
</tr>
<tr>
<td>• Using information gathered from evaluation to inform and shape practice.</td>
</tr>
<tr>
<td>• Devising innovative procedures for evaluation where necessary.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Awareness and Self-Care:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developing strategies to handle the emotional and physical impact of own practice on self.</td>
</tr>
<tr>
<td>• Seeking appropriate support when necessary.</td>
</tr>
<tr>
<td>• Demonstrating good awareness of boundary issues.</td>
</tr>
<tr>
<td>• Using supervision to reflect on practice.</td>
</tr>
<tr>
<td>• Being open to and making appropriate use of feedback received.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communicating plainly and sensitively with clients.</td>
</tr>
<tr>
<td>• Communicating clearly with carers and colleagues, orally and in writing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Context and Diversity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Appreciating the inherent power imbalance between practitioners and clients and knowing how abuse of this can be minimised.</td>
</tr>
<tr>
<td>• Understanding and respecting the impact of difference and diversity.</td>
</tr>
<tr>
<td>• Understanding and respecting the impact of any disabilities.</td>
</tr>
<tr>
<td>• Understanding and adapting to the current life stage of the client.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Professional Proficiencies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understanding the importance and limitations of confidentiality.</td>
</tr>
<tr>
<td>• Understanding of ethical issues and applying these in clinical contexts.</td>
</tr>
<tr>
<td>• Ensuring that informed consent underpins all contact with clients.</td>
</tr>
<tr>
<td>• Keeping good records of work undertaken.</td>
</tr>
<tr>
<td>• Working collaboratively with fellow psychologists and other colleagues.</td>
</tr>
<tr>
<td>• Participating in staff and team meetings.</td>
</tr>
</tbody>
</table>
Portfolio of Proficiencies

Trent Doctorate in Clinical Psychology

Foundation Placement A – FPA FPB

Trainee name: ____________________________

Supervisor: ______________________________

Placement location: _______________________

Client group: ____________________________

Start date: December 2016

Part A Competences & Ratings

<table>
<thead>
<tr>
<th>Visit</th>
<th>Trainee seen alone</th>
<th>Supervisor seen alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>N/Y</td>
<td>N/Y</td>
</tr>
<tr>
<td>1st review</td>
<td>N/Y</td>
<td>N/Y</td>
</tr>
<tr>
<td>Mid</td>
<td>N/Y</td>
<td>N/Y</td>
</tr>
<tr>
<td>2nd review</td>
<td>N/Y</td>
<td>N/Y</td>
</tr>
<tr>
<td>End</td>
<td>N/Y</td>
<td>N/Y</td>
</tr>
</tbody>
</table>
Rating Definitions

The matrix below shows the way of rating trainee competence on any given area. There are two dimensions (opportunity and competence) and provision for trainees to be at a level of ‘almost competent’. We would expect that trainees at the end of the placement should be at the level of being sufficiently competent for their stage of training on the areas that have had sufficient opportunity to experience, bearing in mind that the trainee may not work with this client group again during training.

<table>
<thead>
<tr>
<th>OPPORTUNITY</th>
<th>No opportunity</th>
<th>Some opportunity, but not enough to fully develop the competence</th>
<th>Full opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPETENCE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is evidence that the trainee has developed an appropriate level of competence</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Making progress</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>The trainee is not at an appropriate level of competence for this stage of training</td>
<td>X</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

.
# Psychological Assessment

All parts must be met across all 6 placements.

*Rating is an agreed recommended rating of trainee competence and must be supported by evidence*

<table>
<thead>
<tr>
<th>RATING</th>
<th>2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x 0 1</td>
</tr>
</tbody>
</table>

## a) Developing and maintaining effective working alliances with clients, other professionals, relatives and carers

(must be met across all placements) (HCPC 9.1; 9.2; 9.3)

**Goal:**

**Evidence:**

## b) Undertake thorough, sensitive and detailed assessment by choosing and interpreting information from a broad range of appropriate techniques and methods, such as:

- psychometric instruments
- systematic interviewing procedures
- file review
- structured observation

(must be met across all placements) (HCPC 4.1; 13.5; 13.9; 14.9; 14.13; 14.14; 14.15; 14.17)

**Goal:**

**Evidence:**

## c) Keep accurate records, manage files / clinical data / networking etc in accordance with applicable legislation, protocols and guidelines

(must be met across all placements) (HCPC 4.2; 7; 10)

**Goal:**

**Evidence:**

## d) Conduct appropriate risk assessments (actuarial & clinical)

(must be met across all placements) (HCPC 14.3; 14.5; 14.20)

**Goal:**

**Evidence:**

## Comments:

**Strengths and future learning needs for subsequent placements**

**Strengths**

-  

**Learning needs**

-  

**Supervisor’s recommendation to the Course:** PASS / FAIL / REFERRAL
2. Psychological Formulation
All parts must be met across all 6 placements.

Rating is an agreed recommended rating of trainee competence and must be supported by evidence

<table>
<thead>
<tr>
<th>RATING x 0 1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>See matrix</td>
</tr>
</tbody>
</table>

a) Develop comprehensive formulations based on psychological models and theories, supported by academic evidence (must be met across all placements). (HCPC 4.1; 13.1; 13.9; 13.15; 14.5; 14.10; 14.35)

Goal:
Evidence:

b) Generate and test hypotheses related to formulations (must be met across all placements).

Goal:
Evidence:

Mid point
End point

c) Use formulations with clients, MDTs and others as appropriate to facilitate their understanding of the client’s experience (must be met across all placements). (HCPC 8.14; 9.10)

Goal:
Evidence:

Mid point
End point

d) Revise formulations and make changes to practice in light of new / changing information (must be met across all placements). (HCPC 12.7; 14.2)

Goal:
Evidence:

Mid point
End point

e) Formulate and deliver plans and strategies for meeting wider health and social care needs (must be met across all placements). (HCPC 4.5; 8.16; 14.18)

Goal:
Evidence:

Mid point
End point

Comments:

Strengths and future learning needs for subsequent placements
Strengths

- 

Learning needs

- 

Supervisor’s recommendation to the Course: PASS / FAIL / REFERRAL
### 3. Psychological Intervention

We would normally expect that part a (i) should be met in year 1, and part a (ii and iii) should be met in year 2 or 3. Parts c and d should be met on 2 placements. Part b should be met on all placements.

Rating is an agreed recommended rating of trainee competence and must be supported by evidence

<table>
<thead>
<tr>
<th>RATING</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>See matrix</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### a) Develop and deliver formal interventions based on appropriate formulations, evidence based models with: (HCPC 4.1; 4.2; 9.4; 13.5; 13.9; 13.15; 14.7; 14.38)

- **i.** **individuals** (to be met in year 1).  
  - Goal: 
    - Mid point 
    - End point 
  - Evidence: 

- **ii.** **couples, families or groups** (normally met in year 2 or 3).  
  - Goal: 
    - Mid point 
    - End point 
  - Evidence: 

- **iii.** **services/organisations** (normally met in year 2 or 3).  
  - Goal: 
    - Mid point 
    - End point 
  - Evidence: 

#### b) Recognise when intervention is inappropriate and manage endings in a sensitive manner (must be met across all placements). (HCPC 4.2; 4.5; 9.5; 14.23)

- Goal: 
  - Mid point 
  - End point 
- Evidence: 

#### c) Demonstrate understanding of impact of psychopharmacological, biological, sociological and circumstantial factors on psychological work  
(to be met on at least 2 placements). (HCPC 13.11; 13.16; 13.17; 14.35; 14.36)

- Goal: 
  - Mid point 
  - End point 
- Evidence: 

#### d) Collaborate with third parties to implement interventions  
(to be met on at least 2 placements). (HCPC 9.4; 14.8)

- Goal: 
  - Mid point 
  - End point 
- Evidence: 

**Comments:**

**Strengths and future learning needs for subsequent placements**

**Strengths**

- 

**Learning needs**

- 

**Supervisor’s recommendation to the Course:** PASS / FAIL / REFERRAL
### 4. Communication and Teaching

Parts a, b, and c must be met across all 6 placements. Parts d and e must be met on at least 2 placements.

*Rating is an agreed recommended rating of trainee competence and must be supported by evidence*

<table>
<thead>
<tr>
<th>Competence Area</th>
<th>Description</th>
<th>Rating</th>
<th>Goal</th>
<th>Evidence</th>
<th>Mid point</th>
<th>End point</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Communicate information from a psychological perspective to service users and carers and colleagues</td>
<td>(to be met across all placements) (HCPC 8; 14.40)</td>
<td>Mid point</td>
<td>Goal:</td>
<td>Evidence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Understanding of explicit and implicit communication in therapeutic relationships</td>
<td>(to be met across all placements) (HCPC 8.5; 8.15; 9.6)</td>
<td>Mid point</td>
<td>Goal:</td>
<td>Evidence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Adapt communication to client need e.g. age; culture</td>
<td>(to be met across all placements) (HCPC 5.2; 8)</td>
<td>Mid point</td>
<td>Goal:</td>
<td>Evidence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Plan, design and deliver teaching and training which takes into account the needs and goals of the participants</td>
<td>(to be met on at least 2 placements) (HCPC 9.8)</td>
<td>Mid point</td>
<td>Goal:</td>
<td>Evidence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Communicate with third parties to develop their psychological knowledge and skills</td>
<td>(to be met on at least 2 placements) (HCPC 9.9)</td>
<td>Mid point</td>
<td>Goal:</td>
<td>Evidence:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Strengths and future learning needs for subsequent placements

**Strengths**

- 

**Learning needs**

- 

**Supervisor’s recommendation to the Course:** PASS / FAIL / REFERRAL
## 5. Transferable Skills

### Parts a, b and c must be met across all 6 placements.
### Part d should be met in years 2 & 3. Part e should be met in year 1.

*Rating is an agreed recommended rating of trainee competence and must be supported by evidence*

<table>
<thead>
<tr>
<th>RATING</th>
<th>X</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

### a) Demonstrate a scientist-practitioner approach that incorporates hypothesis testing into a cycle of assessment, formulation and intervention (to be met across all placements). (HCPC 12.1; 13.2; 14.1; 14.16; 14.21; 14.22; 14.30)

- **Goal:**
- **Evidence:**

### b) Generalise and synthesise prior knowledge, skills and experience in order to apply them critically and creatively in different contexts (to be met across all placements) (HCPC 14.12)

- **Goal:**
- **Evidence:**

### c) Demonstrate self-awareness and work as a reflective practitioner in order to know the limits of own practice, initiate resolution of problems and maintain professional standards of behaviour, both in work and outside working hours (to be met across all placements) (HCPC 3; 4.3)

- **Goal:**
- **Evidence:**

### d) Demonstrate a broad knowledge of CBT and at least one other evidence based model to compare, critique and synthesise approaches (usually met in years 2 & 3) (HCPC 13.9; 13.10; 14.1; 14.11; 14.16; 14.39)

- **Goal:**
- **Evidence:**

### e) Demonstrate the ability to take account of client preferences & feedback; clarify their expectations; explain therapeutic processes and highlight client strengths & individual needs (must be met in all placements)

- **Goal:**
- **Evidence:**

### f) Demonstrate an appropriate level of proficiency in the use of information technology appropriate to practice (usually met in year 1). (HCPC 14.33)

- **Goal:**
- **Evidence:**

### Comments:

### Strengths and future learning needs for subsequent placements

<table>
<thead>
<tr>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Supervisor's recommendation to the Course: PASS / FAIL / REFERRAL
## 6. Evaluation

**Part a should be met across all placements.**

**Parts b & c should be demonstrated on one placement**

*Rating is an agreed recommended rating of trainee competence and must be supported by evidence*

### RATING

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

See matrix

### a) Evaluate own practice systematically and modify approach accordingly, taking account of resources, objectives and timescales.

*(to be met across all placements) (HCPC 11.3; 12.1-12.6; 12.8; 12.9; 13.2; 14.19)*

<table>
<thead>
<tr>
<th>Goal:</th>
<th>Evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mid point**

**End point**

### b) Audit and review service practice to ensure quality control and quality assurance

*(to be met on 1 placement normally in year 1)*

*(HCPC 12.1-12.6; 12.8; 12.9; 13.2; 14.24; 14.32)*

<table>
<thead>
<tr>
<th>Goal:</th>
<th>Evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mid point**

**End point**

### c) Use case conferences and other methods of review

*(to be met on 1 placement) (HCPC 11.2)*

<table>
<thead>
<tr>
<th>Goal:</th>
<th>Evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mid point**

**End point**

### Comments:

**Strengths and future learning needs for subsequent placements**

**Strengths**

- Learning needs

**Supervisor’s recommendation to the Course:**  PASS / FAIL / REFERRAL
**7. Personal and Professional Skills**

All parts except k must be met across all 6 placements. Part k should be met in year 3.

*Rating is an agreed recommended rating of trainee competence and must be supported by evidence*

<table>
<thead>
<tr>
<th>Competence Area 7 Personal &amp; Professional Skills</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 0 1 2 3 4</td>
<td>See matrix</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Goal</th>
<th>Evidence</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Demonstrate respect and so far as possible uphold the rights, dignity, values and autonomy of every service user, even in situations of personal incompatibility (to be met across all placements). (HCPC 2.1; 2.3; 2.4; 5.2; 6)</td>
<td>Mid point</td>
<td></td>
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<tr>
<td>b)</td>
<td>Understand ethical issues (e.g. consent, confidentiality, duty of care) and apply this in order to serve the best interests of clients and others (to be met across all placements) (HCPC 2.6-2.8; 7)</td>
<td>Mid point</td>
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<tr>
<td>c)</td>
<td>Appreciate the power imbalance inherent to client - practitioner relationships and how this can be appropriately managed (to be met across all placements). (HCPC 2.4; 2.8-2.10; 9.6)</td>
<td>Mid point</td>
<td></td>
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<tr>
<td>d)</td>
<td>Understand the varying impacts of difference and diversity on people’s lives, and its implications for working practices in order to practice in a non-discriminatory manner (to be met across all placements) (HCPC 5.1; 5.2; 6; 8.5)</td>
<td>Mid point</td>
<td></td>
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</tr>
<tr>
<td>e)</td>
<td>Work effectively as an autonomous professional, appropriate to level of training. Accept accountability to relevant professional and service managers, as well as professional bodies (to be met across all placements) (HCPC 1.1; 4.4)</td>
<td>Mid point</td>
<td></td>
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</tr>
<tr>
<td>f)</td>
<td>Manage own personal learning needs and developing strategies for meeting these (to be met across all placements). (HCPC 3.3; 4.6)</td>
<td>Mid point</td>
<td></td>
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<tr>
<td>g)</td>
<td>Understand models of supervision and use the process to reflect on practice and make appropriate use of feedback (to be met across all placements) (HCPC 1.1; 4.6; 11.1; 11.3; 11.4)</td>
<td>Mid point</td>
<td></td>
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<tr>
<td>h)</td>
<td>Develop strategies to handle the physical, emotional and psychological impact of practice and seek appropriate support when necessary, with good awareness of boundary issues and fitness to practise obligations (to be met across all placements) (HCPC 1.2; 2.10; 3)</td>
<td>Mid point</td>
<td></td>
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<tr>
<td>i)</td>
<td>Work collaboratively and constructively with fellow psychologists, other colleagues and users of services, respecting diverse viewpoints (to be met across all placements) (HCPC 9)</td>
<td>Mid point</td>
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<td></td>
</tr>
</tbody>
</table>
### Competence Area 7: Personal & Professional Skills

#### Part A: Core competences and ratings

<table>
<thead>
<tr>
<th>Competence Area</th>
<th>Competence</th>
<th>Goal</th>
<th>Evidence</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>j) Demonstrate a good working knowledge of what is required by the Health and Care Professions Council and of the need to maintain safe practice (to be met in year 1) (HCPC 2.2; 3)</td>
<td>Mid point</td>
<td>End point</td>
<td>Evidence</td>
<td></td>
</tr>
<tr>
<td>k) Demonstrate advanced knowledge and professional skills such as:</td>
<td>Mid point</td>
<td>End point</td>
<td>Evidence</td>
<td></td>
</tr>
<tr>
<td>i. supervision of others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. consultation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(usually met in year 3) (HCPC 4.6; 13.7; 13.8; 14.4; 14.41)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Goal:**

**Evidence:**

**Comments:**

---

**Strengths and future learning needs for subsequent placements**

**Strengths**

**Learning needs**

**Supervisor’s recommendation to the Course:** PASS / FAIL / REFERRAL
# 8. Service Delivery

Parts a and b must be met across all 6 placements. Parts c and e should be met on at least one placement. Parts d and f should be met on SYP B or year 3.

<table>
<thead>
<tr>
<th>Rating is an agreed recommended rating of trainee competence and must be supported by evidence</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Adapt to organisational contexts (to be met across all placements). (HCPC 2.11; 13.4; 13.6; 14.2; 14.41)</td>
<td>Mid point</td>
</tr>
<tr>
<td>b) Develop awareness of the legislative and national planning context of service delivery and professional clinical practice (to be met across all placements). (HCPC 2.5; 8.16; 13.4)</td>
<td>End point</td>
</tr>
<tr>
<td>c) Show awareness of, and act in accordance with, Health and Safety legislation and its application to clinical practice (to be met on at least one placement) (HCPC 14.3; 15)</td>
<td>End point</td>
</tr>
<tr>
<td>d) Work with users and carers to encourage their involvement in service planning and delivery (normally met on SYP B or in year 3) (HCPC 8.13)</td>
<td>End point</td>
</tr>
<tr>
<td>e) Working collaboratively and effectively in multi-disciplinary teams (to be met on at least 1 placement) (HCPC 9.7; 13.3)</td>
<td>End point</td>
</tr>
<tr>
<td>f) Understand change processes in service delivery systems (normally met on SYP B or in year 3). (HCPC 13.15; 14.41)</td>
<td>End point</td>
</tr>
</tbody>
</table>

## Comments:

Strengths and future learning needs for subsequent placements

**Strengths**

- Learning needs

**Supervisor’s recommendation to the Course:** PASS / FAIL / REFERRAL
### 9. Research

**Rating** is an agreed recommended rating of trainee competence and must be supported by evidence

<table>
<thead>
<tr>
<th>RATING</th>
<th>Mid point</th>
<th>End point</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 0 1 2 3 4</td>
<td>See matrix</td>
<td></td>
</tr>
</tbody>
</table>

#### a) Identify and critically appraise research evidence relevant to practice in order to guide assessment, formulation, intervention and evaluation (to be met across all placements). (HCPC 12.1-12.6; 12.8; 14.2; 14.19; 14.24)

**Goal:**
**Evidence:**

#### b) Collaboratively conducting systematic service evaluation and/or small N research, including design, implementation and interpretation (HCPC 12.1-12.6; 12.9; 14.32)

**Goal:**
**Evidence:**

**Comments:**

**Strengths and future learning needs for subsequent placements**

**Strengths**

**Learning needs**

**Supervisor’s recommendation to the Course:** PASS / FAIL / REFERRAL
## 10. Overarching Competencies

The client log book should be referred to for evidence of completion of competencies in this section.


During the period of training you should gather experience working with the following range of

### a) Clinical presentations:

- Acute
- Enduring
- Mild
- Severe
- Biological and / or neuropsychological causation
- Predominant psychological factors e.g. coping, adaptation, adjustment to adverse life events including bereavement and other chronic physical and mental health conditions.

### b) Client groups:

- Varied social and cultural backgrounds
- All ages
- Range of intellectual functioning
- Levels of challenging behaviour
- Developmental learning disabilities and cognitive impairment
- Communication difficulties
- Substance misuse problems
- Physical health problems

### c) Working contexts:

- Individuals
- Couples
- Families
- Carers
- Groups
- Organisational & community
- Inpatient or other residential facility
- Secondary health care
- Community or Primary care

### d) Forms of disorder or distress:

- Anxiety
- Mood problems
- Eating difficulties
- Psychosis
- Somatoform difficulties
- Psychosexual issues
- Developmental difficulties
- Personality problems
- Cognitive and neurological presentations
### 11. Comments / Other

<table>
<thead>
<tr>
<th>Supervisors comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xxx has demonstrated:</td>
</tr>
<tr>
<td>Xxx needs to build on:</td>
</tr>
</tbody>
</table>
Trent DClinPsy
Portfolio of Proficiencies
Part B
Client Log

Trainee Name

Cohort

xxx

xxx

(e.g. 14, 15 or 16 intake)
## SUMMARY OF PLACEMENTS

<table>
<thead>
<tr>
<th></th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundation Placement</strong></td>
<td>(C84FPA FPB)</td>
<td>Second Year Placement A</td>
<td>Second Year Placement B</td>
</tr>
<tr>
<td><strong>Foundation Placement</strong></td>
<td>Foundation A</td>
<td>(C85SYP)</td>
<td>(C85SYP)</td>
</tr>
<tr>
<td><strong>Foundation Placement</strong></td>
<td>Foundation B</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOCATION and SPECIALISM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUPERVISOR(S)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>DATES OF PLACEMENT FROM/TO</strong></td>
<td></td>
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<tr>
<td><strong>DATE OF INITIAL PLACEMENT MEETING</strong></td>
<td></td>
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<tr>
<td><strong>DATE OF MID PLACEMENT MEETING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OUTCOME</strong></td>
<td></td>
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<tr>
<td><strong>DATE OF END OF PLACEMENT MEETING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OUTCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VISITED BY CLINICAL TUTOR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A record of all placements completed and the assessment of those placements is kept by Programme Administration and reviewed by Programme staff.
**Client log : Instructions**

*General Note: Please complete your client log cumulatively across all placements so we have one client log per trainee. Please ensure you complete the location and dates for each placement.*

**Case ID:** Please generate an anonymous identifier using e.g. initial, numbers or letters.

**Sex:** Male = M; Female = F.

**Age:** Please indicate client age.

**Referral source:** For example GP, MDT, Primary care, self-referral.

**Main problems:** Identify target clinical issue, e.g. Anxiety; Trauma; Physical health; Offending behaviour; Brain Injury; Behaviour that challenges.

**Setting:** For example inpatient ward; community clinic; client's home; residential home.

**Assessment:** Please describe measures and strategies used.

**Intervention:** Please describe theoretical model e.g. CBT; systemic; psychodynamic psychotherapy; family therapy; behavioural; integrative.

**Mode of work:** Direct with client(s); indirect through carer; indirect through family.

**Your role:** Sole/lead therapist, joint worker, observer.

**Collaboration:** Please identify collaborative working e.g liaison with CPN, joint session with SaLT; observed by supervisor and number of occasions.

**Duration:** Specify number of sessions in each mode e.g. 12 sessions (2 observed by supervisor); 1-direct with family, 4-direct with child, 2 observed SW.

**Outcome:** For example ‘improved and discharged’; disengaged; some improvement; referred on; uncertain.

**Diversity:** Please identify diversity opportunities.
**Client log : Example Sheet**

**LOG OF CLIENTS WORKED WITH DURING PLACEMENT AT:** ..........................

**FROM:** ............................... **TO:** ...............................

<table>
<thead>
<tr>
<th>Case ID</th>
<th>Sex</th>
<th>Age</th>
<th>Referral Source</th>
<th>Main Problems</th>
<th>Setting</th>
<th>Assessments</th>
<th>Intervention</th>
<th>Mode of Work</th>
<th>Trainee Role</th>
<th>Collaboration</th>
<th>No / Length of Contract</th>
<th>Outcome</th>
<th>Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example A</td>
<td>M</td>
<td>45</td>
<td>GP</td>
<td>Depression</td>
<td>Clinic</td>
<td>BDI, SCL-90, PHQ-9</td>
<td>CBT</td>
<td>Direct</td>
<td>Sole therapist</td>
<td>None</td>
<td>12 1:1 sessions (1 hour each)</td>
<td>Improved</td>
<td>Christian</td>
</tr>
<tr>
<td>Example B</td>
<td>F</td>
<td>18</td>
<td>Consultant Psychiat.</td>
<td>Behaviour challenges - aggression</td>
<td>Residental college</td>
<td>Observation, File review, Interview</td>
<td>BT, Systemic</td>
<td>Direct &amp; Indirect</td>
<td>Observer (1 sess.) Lead therapist</td>
<td>Clinical Psychol.</td>
<td>9 (3-direct with client; 6-indirect with staff)</td>
<td>Moved uncertain</td>
<td>Commn diff's.</td>
</tr>
<tr>
<td>Example C</td>
<td>M &amp; F</td>
<td>67 &amp; 69</td>
<td>CPN - CMHT</td>
<td>Memory probs (F), marital issues</td>
<td>Day centre, home</td>
<td>WAIS-IV, RBANS, H&amp;B</td>
<td>Direct, Systemic</td>
<td>Observer (2 sessn) Joint therapist</td>
<td>Supervisor</td>
<td>10</td>
<td>Referred on to OT</td>
<td>Low S.Eco status</td>
<td></td>
</tr>
<tr>
<td>Example D</td>
<td>M</td>
<td>14</td>
<td>GP</td>
<td>Anxiety/ phobia</td>
<td>Health Centre</td>
<td>Behaviour obs; SUDS; interview</td>
<td>CBT</td>
<td>Direct</td>
<td>Sole therapist</td>
<td>Liaison with S/W, school.</td>
<td>4 1:1 sessions 3x30min T/C sessions</td>
<td>Disengage d</td>
<td>Rural military family</td>
</tr>
<tr>
<td>Example E</td>
<td>6 x F</td>
<td>15-16</td>
<td>CAMHS team members</td>
<td>Strengths and difficulties questionnaire; Mood and anxiety</td>
<td>Clinic</td>
<td>CBT for anxiety and low mood</td>
<td>Facilitator</td>
<td>3 nurses</td>
<td>Direct</td>
<td>6 group sessions</td>
<td>Referred back to CAMHS team members</td>
<td></td>
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</tr>
</tbody>
</table>
**Client log**

*(Please copy when required for subsequent placements)*

LOG OF CLIENTS WORKED WITH DURING PLACEMENT AT: ……………………………………………………………………………………………………………………………

FROM: ..................... TO.........................

<table>
<thead>
<tr>
<th>Case ID</th>
<th>Sex</th>
<th>Age</th>
<th>Referral Source</th>
<th>Main Problems</th>
<th>Setting</th>
<th>Assessments</th>
<th>Intervention</th>
<th>Mode of Work</th>
<th>Trainee Role</th>
<th>Collaboration</th>
<th>No / Length of Contract</th>
<th>Outcome</th>
<th>Diversity</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Appendix B12 (1617) - POP Part B Client Log</td>
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</table>
The minimum expectation for formal supervision is 1.5 hours/week (including face-to-face and telephone supervision). If supervision does not occur in a given week for any reason, this must be noted so we can understand any obstacles to gaining the expected minimum 6 hours supervision each month.

### SUPERVISION LOG

<table>
<thead>
<tr>
<th>Trainee Name:</th>
</tr>
</thead>
</table>

| Date of supervision | Duration | Topics covered (e.g. case review, (re)formulation, intervention plans, case management, personal development/support, core competences etc.) | Therapeutic models discussed | Record any reviewing of tapes or direct observation of your work | If supervision was cancelled or did not take place for any reason, please state why and by whom |
|---|---|---|---|---|
| | | | | |
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| | | | | |
Trent Doctoral Programme in Clinical Psychology

TRAINEE EVALUATION OF PLACEMENT AND SUPERVISION

Trainee: 

Supervisor: 

Specialty: 

Location: 

Dates of Placement: 

Mid / End of Placement Review (please circle)

This form allows trainees to evaluate their experience of placement and of supervision on placement. In order to gather meaningful feedback from trainees about their experiences, this form will be completed initially at mid placement review, forming the basis of a private discussion with your Clinical Tutor, who will discuss strategies for resolving any difficulties and will support you in sharing your concerns with your clinical supervisor if it is appropriate to do so. The form will then be repeated at the end of placement review in order that the resolution of difficulties can be monitored by the Clinical Tutor team.

Please indicate how satisfied you are with the various elements of your placement and of the supervision you received. Where you have highlighted challenges or areas of excellence please elaborate on this in the text boxes provided.

1.a. General Evaluation of Placement

<table>
<thead>
<tr>
<th>How satisfied were you with your experience of:</th>
<th>Very dissatisfied</th>
<th>Moderately dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Moderately satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>The match between placement contract and reality of placement</td>
<td></td>
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<tr>
<td>Induction procedure</td>
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<tr>
<td>Introductions to relevant staff</td>
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<tr>
<td>Seating/office arrangements</td>
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<tr>
<td>Administrative support</td>
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<tr>
<td>Clinical space</td>
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<tr>
<td>IT facilities</td>
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<tr>
<td>Other facilities e.g. parking, amenities.</td>
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<tr>
<td>The support offered by your clinical tutor</td>
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<td></td>
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<tr>
<td>The timeliness of placement review meetings</td>
<td></td>
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</tr>
</tbody>
</table>
1.b. Personal Experience of Placement

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Neutral</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel welcomed and valued by the service?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Did you experience the organisational context of the service as challenging?</td>
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</tr>
<tr>
<td>Did you feel that you were able to make a meaningful contribution on placement?</td>
<td></td>
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<tr>
<td>Did you feel that the culture of the service was open, compassionate and put patients first?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Did placement support you to maintain a healthy work/life balance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you observe aspects of care on placement that gave you cause for concern about the safety of patients or quality of care? *</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If yes, you must detail this in box below and discuss with your Clinical Tutor.

1.c. Placement Support for Proficiency Development

How satisfied were with how well the placement supported you in the development of the following proficiencies:

<table>
<thead>
<tr>
<th>Proficiency</th>
<th>Very dissatisfied</th>
<th>Moderately dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Moderately satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Formulation</td>
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<tr>
<td>Intervention</td>
<td></td>
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<tr>
<td>Communication</td>
<td></td>
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<tr>
<td>Transferable skills</td>
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<tr>
<td>Evaluation</td>
<td></td>
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</tr>
<tr>
<td>Personal &amp; Professional skills</td>
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<td>Service Delivery</td>
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<tr>
<td>Research</td>
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</table>

1.d. Please take a moment to elaborate on your responses to questions 1a – 1c:
## 2.a. Evaluation of Supervision

<table>
<thead>
<tr>
<th>How satisfied were you with your experience of:</th>
<th>Very dissatisfied</th>
<th>Moderately dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Moderately satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having sufficient time for supervision</td>
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<tr>
<td>The regularity of supervision</td>
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<td>The reliability of arrangements for supervision</td>
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<td>Supervisors availability for urgent/informal supervision</td>
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<td>The availability of others for supervision, where necessary</td>
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<td>Being able to prioritise more important/relevant issues</td>
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<td>Being taught by your supervisor</td>
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<td>The reading recommended to you in supervision</td>
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<tr>
<td>Advice and guidance of your clinical work</td>
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<tr>
<td>Evaluation of your written work</td>
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<td>Support making theory-practice links</td>
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<tr>
<td>Support with professional issues e.g. HCPC standards</td>
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<tr>
<td>Getting appropriate feedback from your supervisor</td>
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<tr>
<td>Supervisor responding to your feedback</td>
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<tr>
<td>Supervision discussion matching your level of competence</td>
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<tr>
<td>Gaining autonomy over time through supervision</td>
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<tr>
<td>Support for university academic assignments</td>
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<tr>
<td>Your supervisors engagement with supervision/the placement</td>
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<td>The support for reflection on challenging subjects</td>
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<td>Availability of supervisor for personal support</td>
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<tr>
<td>Sense of emotional safety</td>
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</table>
### 2.b. Opportunity for Observation

<table>
<thead>
<tr>
<th></th>
<th>Directly</th>
<th>Via video / audio</th>
<th>One-way screen</th>
<th>By working jointly</th>
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<tbody>
<tr>
<td>How many times did your supervisor observe you?</td>
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<tr>
<td>How many times did you observe your supervisor?</td>
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<tr>
<td>How many times were you observed by another professional?</td>
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<tr>
<td>Please specify who:</td>
<td></td>
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</table>

### 2.c. What was your impression of the standard of care provided by this service and/or the safety of patients within the services? Please provide comments below.

### 3. Please take a moment to elaborate on your responses to questions 2a - 2c:

Trainee’s signature:  
Date:  
Clinical Tutors signature:  
Date:  
Supervisor’s signature:  
Date:
Case Studies - Overview

During the course of the programme, trainees will be expected to present 6 case studies describing their work on placement. The first study (FPA) is to help trainees learn what is expected: trainees will be given formative feedback but a mark will not be recorded by the programme for that piece of work. However, if the FPA case study is assessed as being of pass standard trainees may wish to include it in their portfolio (see paragraph 1 below). All of the other 5 cases studies are formally marked (summative) and contribute to the formal assessments of the placements. Different placements have different learning outcomes and these are reflected in the different aims of the case studies. A summary of the case study requirements is provided below.

Case studies in years 1 & 2 (FPB & SYP) will be bound into volume 2 of your final thesis. You must be prepared to be asked about them during your thesis viva in year 3.

Trainees should consider the requirements for the cases studies as early as possible in their training and discuss their plans for meeting these requirements with their supervisors and Clinical Tutor. Issues to consider include:

1. Trainees may wish to consider applying to the BABCP for registration on completion of the programme. Although the programme does not lead to BABCP registration, a trainee could, in principle, achieve many of the IAPT/BABCP registration requirements if all case studies (including FPA) are passed and describe a CBT/Behavioural theme (details of full requirements are available on the BABCP website).

2. Broadly speaking, 1st year placements will focus on direct work with individual adults; 2nd year clinical placement experiences are likely to provide opportunities for multi-person, indirect and systemic approaches; and 3rd year placements will provide opportunities for more specialised and/or advanced clinical work. However, particularly in the 2nd and 3rd years, this will tend to vary according to the particular placements trainees are allocated to and the opportunities they provide. Typically, most trainees will complete at least one case study covering non-CBT, evidence-based work during SYP A or SYP B. If however there is no opportunity to do this then it could be completed in a 3rd year placement (TYP). It is understood that in a particular case study, it might not be possible to demonstrate all the learning outcomes listed in the guidance for that case study.

3. It is important to remember that both 3rd year case studies must in any event meet the expectation for demonstrating an advanced level of clinical skill and knowledge appropriate to that stage in training. However, all case studies are expected to be doctoral standard.

4. Case studies for years 1 and 2 are written pieces of work. In year 3, both case studies are oral. One is a case study viva and the other is an oral presentation.

5. Do discuss case study options early on in your placements, with both your placement supervisor and your clinical tutor. This will enable you to make sure that you make best use of the opportunities available, and that you are able to meet the overall case study requirements for the course. The case study guidelines are in Appendices B17 – B21 and can be downloaded from UofL Blackboard and UofN Moodle.
<table>
<thead>
<tr>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FPA</strong> Written (formative) see Appendix B17 for details</td>
<td><strong>FPB V2</strong> Assessed written (summative) see Appendix B17 for details</td>
<td><strong>SYP A V2</strong> Assessed written (summative) see Appendix B18 for details</td>
</tr>
<tr>
<td><strong>SYP B V2</strong> Assessed written (summative) see Appendix B19 for details</td>
<td><strong>TYP S or F</strong> Assessed oral viva (summative) see Appendix B20 for details</td>
<td><strong>TYP F or S</strong> Assessed oral (summative) see Appendix B21 for details</td>
</tr>
</tbody>
</table>

1. **Focus on individual work:**
   Includes assessment & formulation (see appendix B14 for details)

2. **Focus on individual work:**
   Includes assessment, formulation & intervention (see appendix B14 for details).

3. **Focus on non-CBT, evidence-based work:** Normally completed during SYP A or SYP B. This case study should provide a description of clinical work from a theoretical perspective other than CBT and including multi-person systems that is supported by an evidence base. Explicit evidence of understanding the theory and practice of this approach should be present in the literature review and case presentation.

4. **Final written case study:** Normally completed during SYP A or SYP B. This case study can be used to demonstrate competence in any area as required and involve any evidence-based theoretical approach.

5. **Focus on theoretical approaches:** Normally completed as a case study viva. This case study involves critical reflection on the application of two different theoretical models and approaches.

6. **Focus on specialised approaches:** Normally completed as an oral presentation. Trainees can choose the clinical/theoretical focus of this case study.

**NB:** The case studies undertaken in year three should demonstrate advanced / specialist clinical skills beyond those expected in years one and two.

**NB:** Second and Third year case studies
The order in which you submit the specified case studies through the 2nd and 3rd years is flexible, to allow for the variability of opportunity for certain types of work on placements. **You must ensure that you submit case studies in each category over the 3 years. Do discuss case study choices with your placement supervisor and your clinical tutor early on in your clinical placements.**

In addition to requirements 1-6 above, each core placement client group should be represented by 1 of the 5 summative case studies.

A letter/note from your supervisor confirming that you obtained consent from the client for your case study is required for all case Studies – see Appendix B16 for guidance. If client capacity has been taken into account, please use Capacity Consent Statement in Appendix B16.

V2 = part of Thesis Volume 2 submission – see Research Handbook

**Appendix B15 – Case Studies - Overview**
Client consent guidelines for case study material

As part of their clinical placement and university assessments, trainees have to complete a case study reflective of their clinical work. This assessment will be marked by course staff members and in some cases reviewed by external examiners and/or other trainees.

Thus, the issue of gaining consent from clients for such work must be considered. Supervisors are required to confirm that the trainee has sought and gained appropriate consent for use of this clinical material. This document needs to be a written form / letter but can be presented in any way that the supervisor considers suitable. The reason for requiring such a document is that the actual consent form signed by the client must be kept on Trust records and not submitted to the University.

We have provided some points in relation to this below, to support trainees and their supervisors to think about what they might want to consider in the process of gaining informed consent. The first reference you should make is in relation to your local Trust guidance or policies, as each Trust / service may have slightly different guidance. In addition to that you may want to consider the following areas:

1. **Capacity:** If there are potential issues or concerns about capacity in relation to a client’s ability to provide consent, please refer to later information in Appendix B16 in the Trent DClinPsy handbook where an example form is provided.

2. **Amount of detail provided for clients:** It will be helpful for supervisors to consider with the trainee the extent of detail provided for the individual client that would be necessary in order to obtain informed consent. The details given to the client should include clear assurances about how their anonymity will be protected in the write up of the work.

3. **Timing of gaining consent:** Trainees need to have gained consent from the client prior to any case material being written up for presentation to the university. Given the sensitive nature of the request, you may need to consider the balance between the trainee’s need for consent and appropriate timing for the client to be able to provide it. As a general rule, it is usually helpful to ask sooner, rather than later, because of the possibility of refusal to consent.

4. **Declining consent:** Clients of course have the right to decline to provide their consent and in rare cases they do. Given this is a possibility it would be useful for trainees to have considered with their supervisor a potential alternative client to approach.

5. **Client requests to see case study:** It is useful for supervisors and trainees to consider the possibility of the client wanting to see the case study when it is complete. The trainee’s response to this should be informed by relevant Trust guidance on sharing material with clients.

If you would appreciate further support with any of these issues and/or you have concerns about consent that are not referred to above, please contact your clinical tutor.

**Acceptable formats and handin:** A hard copy of either the Confirmation of Consent (signed by the supervisor) or the Capacity Consent Statement (signed by both the supervisor and the trainee). Alternatively, a scan of the document can be submitted but it must come from the supervisor’s email account. Scans from a trainee’s own email account will not be accepted. The confirmation of consent must be received by the deadline.
Client Consent: Statement of the Assessment of Capacity

My client, whose information has been presented in this submission, was assessed as lacking the capacity to decide whether or not they consent to their material being used in this way.

I made an assessment of capacity in respect of this decision on ___/___/___ and deemed that he/she was unable to: comprehend the information relevant to the decision / retain the information relevant to the decision for sufficient time to weigh up the pros and cons / weigh up the pros and cons of being included in the case study / communicate their decision about consent (delete as appropriate). The following evidence supports my finding that capacity was lacking in respect of this decision:

In order to maximise the chance that my client would be deemed as having capacity I took the following steps: OR Steps to maximise capacity were inappropriate for the following reasons:

Having found my client to be lacking capacity in respect of this decision, I adhered to the following principles in determining their best interests in respect of this decision:

- The decision was not based simply on my client’s condition, appearance or behaviour.
- All circumstances relevant to the decision were considered.
- Every effort was made to encourage my client to take part in the decision
- I have considered if my client is likely to regain capacity
- My client’s past and present wishes, feelings, beliefs and values were taken into account
- The views of the people close to my client were considered and taken into account

It was determined that inclusion in an anonymised case report would cause no harm to my client and that inclusion would enhance understanding of individuals who experience similar issues.

Signed (Trainee): ____________________________
Print name: ________________________________
Date: _________________________________

Signed (Supervisor): ____________________________
Print name: ________________________________
Date: _________________________________
CLINICAL PRACTICE REPORT: FPA & FPB

Formative and summative guidelines

Aims
The clinical practice report is a description of a piece of clinical work you have undertaken as part of your work during the foundation placement. The aim of the exercise is for trainees to show that they are familiar with appropriate assessment methods and to demonstrate the ability to develop a clear formulation and design a plan of intervention. The clinical practice report should demonstrate the trainees’ understanding and implementation of the assessment process (including history taking), the ability to formulate the patient's problems, design (and deliver) a clinical intervention, consider evaluation and carry out reflective practice.

The specific learning outcomes for the foundation placement clinical practice reports include the following:

Learning Outcomes
For the trainee to:
1. Demonstrate the ability to understand the context of working with individuals.
2. Demonstrate the ability to identify the nature of problems presented by individuals.
3. Demonstrate competence in assessment, formulation, planning and delivering an appropriate intervention.
4. Demonstrate competence in forming and maintaining a therapeutic relationship with an individual.
5. Demonstrate that you are able to understand the role of the Clinical Psychologist working with individuals.

Given the above, it follows that your case study should provide a detailed description of a piece of individual work from referral through assessment, formulation, and intervention to outcome. If you are unable to complete the intervention make sure in your report that you do show you are able to design an appropriate one based on relevant information collected during assessment. **If it is not possible to achieve this on this placement because of the nature of work you have been allocated, this problem must be identified at the earliest opportunity with your Clinical Tutor.**

You need to identify a case early on in the placement for your case study assessment. We strongly recommend that you take the opportunity to discuss your plans, a draft of your work etc. with either your Clinical Tutor, your Personal Tutor, and preferably with your clinical supervisor.
Essential Submission Criteria
There are 2 components for complete submission:
1. clinical practice report
2. confirmation of consent

Clinical Practice Report (case study)
- Trainees should adhere to a word limit of 4000 words (for both formative and summative assessment). Anything you write over this limit will not be read and therefore will not be marked.
- The choice of case should be agreed by the client, the local supervisor and preferably by the clinical tutor in order that suitability can be discussed.
- The report should be disguised and anonymous so that the client cannot be recognised and to preserve confidentiality. There should be a statement to that effect.
- Trainees must, by the agreed deadline, submit an electronic copy of the report to UofL Blackboard or UofN Moodle.

Confirmation of Consent
- Written confirmation of consent from the supervisor to show that the client has provided informed written consent for the case material to be used (“Confirmation of consent”) must be submitted by the agreed deadline. If a consent form has been used, this should be retained in an appropriate section of the client’s NHS file. If a form is not used, an appropriate entry should be made in the client’s file and signed by both the clinical supervisor and the trainee. In order to maintain client anonymity, copies of consent forms should NOT be attached to the clinical practice report submitted to the University.
- If client capacity has been taken into account, please use the Capacity Consent Statement in Appendix B16 Case Studies – Client Consent.
- Trainees must, by the agreed deadline, submit a hard copy of either the Confirmation of consent (signed by their supervisor) or the Capacity consent statement (signed by both the supervisor and the trainee) to an administrator. It can be submitted as a separate physical handin at either Lincoln or Nottingham. Alternatively, a scan of the document can be submitted but it must come from the supervisor’s email account. Scans from a trainee’s own email account will not be accepted.

Please note that if any of the required components for submission are missing, the submission will be considered incomplete until all parts have been handed in and will, consequently attract late submission penalties.

Content Requirements for the Clinical Practice Report
The clinical practice report should include:
- Details of clients presenting problems and the reason for the referral.
- A critical review of the relevant literature, which shows an understanding of the aetiology of the problem; prevalence; available theoretical models to understand the problem and treatment options etc.
- A clear description on the collection of relevant historical information.
- A description of how the problems were assessed, including an analysis of the different assessment options available, with reference to relevant literature. This should demonstrate trainees’ ability to gather appropriate historical information; incorporate information into the assessment and formulation; and to carry out an appropriate assessment using relevant methods.
• A formulation of the clinical problem that is based on a sound theoretical model, specific to the clinical problem and accounting for a range of clinical factors.

• A care plan that meets Trust standards.

• A description of the treatment planned and/or delivered, including a critical review of the relevant literature and explanation of the choice of intervention.

• Evidence that the Trainee has considered the links between assessment, formulation and intervention; understands the overall process and possesses the skills required at each stage.

• A discussion of problems encountered and how these were dealt with.

• A reflection on the Trainees’ practice and learning, which explores the Trainees’ strengths, weaknesses and values in relation to the case; what they have learned and how they might do things differently with another patient with similar problems.

• Evidence of critical thought throughout.

• A properly set out ‘References’ section (e.g. APA format / course style)

• Appropriate use of appendices where required.

Lastly, the paper must be

• Presented in a clear legible form, with good standards of literacy. Trainees must communicate clearly, paying attention to the correct use of English, spelling and grammar and course house style (including referencing).

• Remember, all written case studies form part of volume 2 of your final thesis and you must be prepared to answer questions about them at your thesis viva in the 3rd year.

Guidance Notes:

1. If there are any sections that for any reason you cannot complete please speak with the module convenor as soon as possible. As long as you discuss the rationale and reasoning behind omitting something and can still demonstrate that you have thought it through (e.g. by providing a plan of evaluation and discussion around possible outcomes) then you will not be penalised.

2. Outcomes which do not turn out quite as you had hoped are as important to write up as those that do – remember this is a learning exercise.

3. The guidelines for both formative and summative assessment are the same. The allocation of marks differs in emphasis slightly so make sure you refer to the specifics below for each piece of work.

4. At doctoral level we expect to see extensive use of first level referencing/reliance on primary (rather than secondary) sources.

BABCP Accreditation

To begin to meet BABCP requirements for CBT/NICE working you must provide a portfolio of work that includes recorded sessions of your clinical activity
demonstrating your CBT skills. For this purpose 2 of the 6 case studies that you submit over the course of the three years must demonstrate CBT skills and be accompanied by video or audio recorded evidence. It is preferable for you to do this piece of work during your adult or foundation placement as the guidelines lend themselves best to this type of work. Please make sure you discuss this with your CT and refer to the guidance in the handbook and on the BABCP website.

*Please note that the recording is NOT a University requirement and will not be assessed.*

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<tr>
<th>FPA: CONTENT</th>
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<tbody>
<tr>
<td>1. <strong>A brief introductory overview</strong> of the case so that the reader can make sense, from the beginning, of what the case is about, why you became involved, and the kind of work carried out etc.</td>
<td>15%</td>
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<tr>
<td>2. <strong>Details of the reasons for referral:</strong> e.g. the presenting problems, previous interventions if any, any additional pertinent information and a rationale for the approach taken. Within a medical model, please also critically consider what diagnosis might be applied to this case.</td>
<td>15%</td>
</tr>
<tr>
<td>3. <strong>Literature review</strong> considering:</td>
<td>15%</td>
</tr>
<tr>
<td>a) the epidemiology of the presenting clinical problem;</td>
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<tr>
<td>b) a critical analysis of theoretical approaches to the problem, the natural history of the problem, the theoretical approach used to formulate the case and;</td>
<td></td>
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<tr>
<td>c) a critical discussion on treatment methods/efficacy</td>
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<tr>
<td><strong>This literature review is not intended to be a stand alone piece of work, but should be demonstrated to be an integral part of your approach to the case work. Thus, the literature review should clearly influence the process of assessment, formulation &amp; intervention.</strong></td>
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</tr>
<tr>
<td>NB At post-graduate level we expect to see extensive use first level referencing/reliance on primary (rather than secondary) sources</td>
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<tr>
<td>4. <strong>Details of the process of assessment:</strong> choice of assessment tools/methods. Assessments should include a summary of history taking and the relevant information gained. Results of assessment should also be presented and discussed.</td>
<td>25%</td>
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<tr>
<td>5. <strong>Provisional formulation:</strong> provide an initial formulation based on the information that you have gained from the assessment. Note that this should be relevant to the psychological model highlighted in the literature review.</td>
<td>15%</td>
</tr>
<tr>
<td>6. <strong>Details of the intervention:</strong> provide a treatment plan which is clearly informed by the formulation. Details of any problems / potential problems in relationship with the patient, etc, should be included here.</td>
<td>15%</td>
</tr>
<tr>
<td>7. <strong>Discussion and Reflection:</strong> The purpose of this section is to make you think about the work you have carried out. Thus, this section should include a clear reflective component and critical discussion around your own practice and the client work carried out. You should reflect on your experiences of doing this piece of work with reference to the theoretical model used in the formulation.</td>
<td>15%</td>
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**FPB: CONTENT**

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<th>Requirement</th>
<th>Weightage</th>
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<tr>
<td>1.</td>
<td>A brief introductory overview of the case so that the reader can make sense, from the beginning, of what the case is about, why you became involved, and the kind of work carried out etc.</td>
<td>10%</td>
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<tr>
<td>2.</td>
<td><strong>Details of the reasons for referral:</strong> e.g. the presenting problems, previous interventions if any, any additional pertinent information and a rationale for the approach taken. Within a medical model, please also critically consider what diagnosis might be applied to this case.</td>
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</table>
| 3.  | **Literature review considering:**  
  a) the epidemiology of the presenting clinical problem;  
  b) a critical analysis of theoretical approaches to the problem, the natural history of the problem, the theoretical approach used to formulate the case and;  
  c) a critical discussion on treatment methods/efficacy | 15%       |
|     | **This literature review is not intended to be a stand alone piece of work, but should be demonstrated to be an integral part of your approach to the case work. Thus, the literature review should clearly influence the process of assessment, formulation & intervention.** |           |
|     | NB At post-graduate level we expect to see extensive use first level referencing/reliance on primary (rather than secondary) sources |           |
| 4.  | **Details of the process of assessment:** choice of assessment tools/methods. Assessments should include a summary of history taking and the relevant information gained. Results of assessment should also be presented and discussed. | 25%       |
| 5.  | **Formulation:** Provide an initial formulation based on the information that you have gained from the assessment. Note that this should be relevant to the psychological model highlighted in the literature review. |           |
| 6.  | **Details of the intervention:** provide a treatment plan which is clearly informed by the formulation. Details of any problems / potential problems in relationship with the patient, etc, should be included here. | 25%       |
| 7.  | **Evaluation of intervention:** A critical account of how the intervention was evaluated including reference to any outcome measures used. | 10%       |
| 8.  | **Discussion and Reflection:** The purpose of this section is to make you think about the work you have carried out. Thus, this section should include a clear reflective component and critical discussion around your own practice and the client work carried out. You should reflect on your experiences of doing this piece of work with reference to the theoretical model used in the formulation. | 15%       |
WRITTEN CLINICAL PRACTICE REPORT: SYP A (usually Case Study 3)

Aim

The clinical practice report is a description of a piece of clinical work you have undertaken as part of your work on placement which is embedded in psychological theory. The aim of the exercise is for trainees to show that they are familiar with appropriate assessment methods, demonstrate the ability to develop a formulation, and design and deliver appropriate interventions, to evaluate the intervention and to carry out reflective practice.

Assessment criteria

The clinical practice report should be:

- Agreed by the client(s) (where practical), the local supervisor and by your clinical tutor as being suitable.
- Be disguised and anonymous so that the client(s) cannot be recognised to preserve confidentiality and have a statement to that effect.
- An electronic copy of the case study and an electronic copy of the APE, both handed in by the deadline, as well as confirmation of consent for both.

Please note that if any part of this list is missing the work will be considered incomplete until all parts have been handed in.

The clinical practice report should include:

- Information on the literature, assessment, formulation, intervention and evaluation relating to the case, as well as a reflective component. It must also contain critique throughout the paper.

- A hard copy of either the Confirmation of consent (signed by their supervisor) or the Capacity consent statement (signed by both the supervisor and the trainee) to an administrator. These should cover all clients and/or staff who provide information for use in the case study and the Assessment of Personal Effectiveness (APE). Alternatively, a scan of the document(s) can be submitted but it must come from the supervisor’s email account. Scans from a trainee’s own email account will not be accepted.

- Please bear in mind that there is a 5500 word limit for this piece of work. (the work must be presented using course house style). Anything you write which is over 5500 words will not be read, and therefore will not be marked.
As part of your 5500 word limit for this piece of work, 1500 words should be allocated to an assessment of an aspect of your personal effectiveness on placement (APE) (e.g. effectiveness of your therapy, an organisational change you have been involved with, etc). This material might be related or entirely unrelated to the client work you describe in your case study. The case study (4000 words) and the APE (1500 words) should be prepared and submitted as separate pieces of work with their own reference lists and appendices (if needed).

Please use methods and skills acquired in year one of the programme when undertaking this exercise. The submission should adhere to the programme’s house standards for written submissions and should show doctoral level critical and analytic skills.

Two Assessments of Personal Effectiveness should be completed in the course of the second year case study assignments. One should use a quantitative methodology and the other should use a qualitative methodology. If you use quantitative methodology in your submission for SYP A, you must use a qualitative methodology for SYP B and vice-versa.

Content of Case Study 3:

The relevant learning outcomes for Case Study 3 include the following:

For the trainee to:

1. Demonstrate the ability to understand and identify the complex nature of clients’ problems in the context of their position in the life span, as well as their social and cultural context,
2. Demonstrate the ability to take account of a wide range of interacting factors including the individual as part of a couple, family, group, community and/or service,
3. Show competence in assessing and treating clients within couple, family or group modalities,
4. Demonstrate competence in forming and maintaining therapeutic relationships with more than one individual,
5. Demonstrate the ability to recognise the needs of carers and/or care staff and the appropriateness of working in partnership with other professions and agencies, indirectly and/or preventatively,

If it is not possible to achieve the above on your placement because of the nature of the clinical work available, this must be identified at the earliest opportunity with your Clinical Tutor. It is possible to demonstrate these proficiencies, skills and knowledge, etc. in a previous or later case report, however, you must demonstrate that you have met these learning outcomes in a case report before the completion of your training.
WRITTEN CLINICAL PRACTICE REPORT: SYP B (usually Case Study 4)

Aim

The clinical practice report is a description of a piece of clinical work you have undertaken as part of your work on placement. The aim of the exercise is for trainees to show that they are familiar with and capable of working with complex cases utilising appropriate assessment methods, formulation skills and have the skills to design, deliver & evaluate the intervention. Furthermore trainees must demonstrate their ability to reflect on their own practice, consistent with the aims of their SYP B placement.

Assessment criteria

The clinical practice report should be:

- Agreed by the client(s) (where practical), the local supervisor and by your clinical tutor as being suitable.
- Be disguised and anonymous so that the client(s) cannot be recognised, and have a statement included to that effect.
- An electronic copy of the case study and an electronic copy of the APE, both handed in by the deadline, as well as confirmation of consent for both.

Please note that if any part of this list is missing the work will be considered incomplete until all parts have been handed in.

The clinical practice report should include:

- Information on the literature, assessment, formulation, intervention and evaluation relating to the case, as well as a reflective component. It must also contain critique throughout the paper.

- A hard copy of either the Confirmation of consent (signed by their supervisor) or the Capacity consent statement (signed by both the supervisor and the trainee) to an administrator. These should cover all clients and/or staff who provide information for use in the case study and the Assessment of Personal Effectiveness (APE). Alternatively, a scan of the document(s) can be submitted but it must come from the supervisor's email account. Scans from a trainee's own email account will not be accepted.

- Please bear in mind that there is a 5500 word limit for this piece of work (which must be presented using course house style). Anything you write which is over 5500 words will not be read, and therefore will not be marked.
• As part of your 5500 word limit for this piece of work, 1500 words should be allocated to an assessment of an aspect of your personal effectiveness on placement (APE) (e.g. effectiveness of your therapy, an organisational change you have been involved with, etc). This material might be related or entirely unrelated to the client work you describe in your case study. The case study (4000 words) and the APE (1500 words) should be prepared and submitted as separate pieces of work with their own reference lists and appendices (if needed).

• Please use methods and skills acquired in year one of the programme when undertaking this exercise. The submission should adhere to the programme’s house standards for written submissions and should show doctoral level critical and analytic skills.

• Two Assessments of Personal Effectiveness should be completed in the course of the second year case study assignments. One should use a quantitative methodology and the other should use a qualitative methodology. If you use quantitative methodology in your submission for SYP A, you must use a qualitative methodology for SYP B and vice-versa.

Content of Case Studies 4:
The specific learning outcomes for Case Study 4 include the following:

To enable trainees to be:

1. Experienced in working with individuals, families, groups, systems and organizations.
2. Experienced in working across the lifespan.
3. Experienced in working in adult mental health, child mental health and with people with disabilities.
4. Able to view their work from a professional psychological perspective while being aware of its wider contexts.
5. Able to meet all the practical requirements for qualification.
6. This placement is designed to provide trainees with the opportunity for completing all practical components required for qualification as a Chartered Clinical Psychologist.

If it is not possible to achieve either of the above on your placement because of the nature of the clinical work available, this must be identified at the earliest opportunity with your Clinical Tutor. It is possible to demonstrate these proficiencies, skills and knowledge etc in a previous or later case report, however, you must demonstrate that you have met these learning outcomes in a case report before the completion of your training.
ORAL EXAMINATION: TYP S or F (usually Case Study 5 – after first 6 months of 3rd year)

Aim

The oral examination requires trainees to demonstrate their clinical skills by describing and being questioned (by at least 2 examiners) about a piece of clinical work undertaken on the TYP S or F placement. The aim of the exercise is for trainees to show that they are familiar with appropriate theories, assessment methods and formulations that underpin their work; that they have the skills to design, deliver, critique and evaluate interventions, and that they can reflect on their own practice. An important aspect of this reflection involves consideration of how their approach on placement can be compared and contrasted with an alternative theoretical approach. Furthermore, they must demonstrate the ability to communicate to a high level through an oral examination. Trainees will produce brief notes for the examiners (500 words maximum) to be submitted in advance of the examination. The brief notes for the examiners will include an overview of the key elements of the case and details of the alternative theoretical approach that the trainee will use to reflect against their thinking and practice on placement.

Assessment criteria

The clinical cases presented for the oral examination should:

- Be agreed by the client (where practical), the local supervisor and by your clinical tutor as being suitable.
- Be disguised and anonymous so that the client cannot be recognised to preserve confidentiality (and the brief notes presented to the examiners should have a statement to that effect).
- Trainees must provide an electronic copy of the brief notes by the handin deadline, as well as the confirmation of consent. The case notes should be formatted to the course style and be literate.

Please note that if any part of this list is missing the work will be considered incomplete until all parts have been handed in.

In order to prepare for the oral examination, trainees need to ensure that they can demonstrate the following:

- A coherent understanding of the background literature and a clear rationale for the methods of assessment, for the formulation and for the intervention as well as an understanding of the alternative ways of working that were available.

- The capacity to reflect upon and critique their clinical work, particularly in order to compare and contrast their actual approach on placement with another theoretical perspective and way of working.
• A hard copy of either the Confirmation of consent (signed by their supervisor) or the Capacity consent statement (signed by both the supervisor and the trainee) to an administrator. Alternatively, a scan of the signed confirmation of consent from your supervisor can be submitted but it must come from your supervisor’s email account. Scans from your own email account will not be accepted.

• The oral examination will be assessed by two examiners and will last a maximum of 45 minutes duration. It is a requirement of the assessment process that you demonstrate competence in managing and facilitating the examination process though your responses to questions.

Content of Case Study 5:

The relevant learning outcomes for Case Study 5 include the following:

For the trainee to:

1. Demonstrate the ability to understand and identify the complex nature of clients’ problems in the context of their position in the life span, as well as their social and cultural context,
2. Show competence in the application of evidence based practice approaches that are alternatives to CBT,
3. Demonstrate a doctoral level understanding of the core principles of clinical psychology to integrate theory and practice,
4. Show the ability to approach novel situations creatively so moving beyond specific guidelines and protocols,
5. Demonstrate doctoral level skills to communicate complex alternative, integrative and trans-theoretical models effectively to colleagues and other professionals.

If it is not possible to achieve the above on your placement because of the nature of the clinical work available, this must be identified at the earliest opportunity with your Clinical Tutor. It is possible to demonstrate these proficiencies, skills and knowledge etc in a previous or later case report, however, you must demonstrate that you have met these learning outcomes in a case report before the completion of your training.
**ORAL CLINICAL PRACTICE REPORT: TYP F or S (usually Case Study 6 – at the end of the 3rd year)**

**Aim**

The clinical practice report is a description of a piece of clinical work you have undertaken as part of your work on placement. The aim of the exercise is for trainees to show that they are familiar with and capable of working with complex cases utilising appropriate and specialist assessment methods, advanced formulation skills and have the skills to design, deliver & evaluate the intervention. Furthermore trainees must demonstrate their ability to reflect on their own practice, consistent with the aims of their Final or Specialist Clinical Placement.

**Assessment criteria**

The clinical practice report should:

- Be agreed by the client (where practical), the local supervisor and by your clinical tutor as being suitable.
- Be disguised and anonymous so that the client cannot be recognised, and have a statement included to that effect.
- Include electronic copy of the case study handed in by the submission deadline; no further submissions will be accepted after the 10am deadline of electronic submission. **The PowerPoint you submit will be the one you use to present your case the following day. The submission deadline is normally the day before the presentation, and so only electronic copies of the presentation and supporting documents are required by the deadline; hard copies of handouts, etc, are required at the time of the presentation**
- Include the confirmation of consent by the submission deadline.

*Please note that if any part of this list is missing the work will be considered incomplete until all parts have been handed in.*

The clinical practice report should include:

- A hard copy of either the Confirmation of consent (signed by their supervisor) or the Capacity consent statement (signed by both the supervisor and the trainee) to an administrator. Alternatively, a scan of the signed confirmation of consent from your supervisor can be submitted but it must come from your supervisor’s email account. Scans from your own email account will not be accepted.
- The presentation must be **25 minutes** long, with an additional **5 minutes** for discussion / questions. It is a requirement of the assessment process that you demonstrate competence in managing / facilitating a discussion and responding to questions appropriately. Furthermore, it is the trainee's responsibility to keep to within the time frame and only work delivered within the time frame will be assessed. Trainees will be given a 5 minute and 1 minute time warning by staff and presentations will be stopped at 25 minutes. **Thus nothing over 25 minutes will be assessed.**

**Content of Case Studies 6:**

*The specific learning outcomes for Case Study 6 include the following:*

To enable trainees to:

1. Select a specialist area in which to further their skills, knowledge, and experience,
2. Be conversant with the knowledge base and context of the chosen area,
3. Show capability to work with complex cases,
4. Demonstrate skill in working at an advanced level, overcoming impasses and obstacles to interventions,
5. Be appreciative of learning from other professions.

*If it is not possible to produce an appropriate case study on placement because of the type of clinical work available, this problem must be identified at the earliest opportunity with your Clinical Tutor. It is possible to have demonstrated your full range of skills and knowledge etc in previous case reports; however, you must demonstrate that you have met all the required learning outcomes for case reports before the completion of your training.*
GUIDANCE ON THE USE OF PRIVATE MOTOR VEHICLE ON OFFICIAL BUSINESS AND TRAINING

1. Insurance, MOT and Driving Licence

1.1 In accordance with the Agenda for Change NHS Terms and Conditions of Employment, employees using their private motor vehicle for business or training purposes must ensure the following is in place:

“17.5 When using their vehicles in the performance of their duties employees must ensure they possess a valid driving licence, MOT certificate (if applicable) and motor insurance which covers business travel, that he or she is fit to drive and drives safely and that they obey the relevant laws, e.g., speed limits. The employee must inform their employer if there is a change of status.”

1.2 Confirmation on the status of an employee’s insurance is normally documented on an employee’s official certificate of motor insurance in paragraph entitled “Limitations as to use”, indicating that the Policyholder in person may use the vehicle in connection with his business.

1.3 All employees claiming vehicle mileage must ensure that they and their vehicle abide by paragraph 17.5 from the NHS Terms and Conditions of Employment.

1.4 Failure to observe the above conditions and subsequently claim mileage may result in disciplinary action and could result in the insurance company repudiating liability, making an employee personably liable for substantial damages in the event of an accident.

1.5 In any case of doubt employees should contact their insurance company or broker for confirmation that their insurance meets the requirements as set out in paragraph 17.5 above.

1.6 Managers must check upon the submission of the staff member’s first travel claim that their vehicle meets the requirements as set out in the guidelines. Thereafter managers must check their staffs documentation as part of their annual appraisal.

2. Mileage Payments

2.1 Employees will be reimbursed for miles travelled in the performance of their duties which are in excess of the home to agreed work base return journey. Normally, the miles eligible for reimbursement are those travelled from the agreed work base and back.

2.1.1 However, when the journey being reimbursed starts at a location other than the agreed work base, for example, home, the mileage eligible for reimbursement will be as set out in the Table below (as per the Agenda for Change NHS Terms and Conditions of Employment)
3. Passengers

3.1 With the exception of lease car users, where other employees or members of an NHS organisation are conveyed in the same vehicle on NHS business and their fares would otherwise be payable by the employer, passenger allowances shall be paid.

3.2 The actual rates of payment for mileage allowances are contained in Section 17 of the Agenda for Change: NHS Terms and Conditions of Service Handbook.

4. Other Information

4.1 All other conditions relating to the reimbursement of travel costs with the exception of excess travel can be found in Section 17 of the Agenda for Change NHS Terms and Conditions of Employment.

http://www.nhsemployers.org/PayAndContracts/AgendaForChange/TermsAndConditionsOfServiceHandbook/Pages/Afc-Handbookrp.aspx

28.05.14
E-Expenses Frequently Asked Questions

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Q32. The mobile App location tracking isn’t working?

Q33. My mobile claim is not appearing in my claims to submit?

Q34. My manager has not received my expenses for approval?

Q35 Can the App be downloaded onto a tablet?

Q36. I was told when I joined the trust that should a consultant is allowed to add 20 miles to their daily business mile any day their car is used for travel from base to trust business?

Q1. I had originally put two on the same date and it flagged up a possible duplicate. I changed the date of one, but the flag remains.

A1. You should amend the item that holds the flag, once completed, the flag will disappear. If you amended the other item, just edit and save and item with a flag and the flag will disappear.

Q2. The home hyperlink is quite small and inconspicuous; can it be made larger or more obvious?

A2. This has to be completed by using the zoom button on the internet browser unfortunately.

Q3. If someone rides a bike to work, how is that bicycle registered? Or do they just complete a claim for the cycle mileage, and it just says Bicycle in their personal details?

A3. When you tick “pedal cycle miles” it may bring up a car but by entering the miles travelled it is mapped to the cycle pence per mile rate. There is no need to register bicycle details.

Q4. I can only input using postcodes, not the first 3 letters of a premise.

A4. The system works on postcodes but you can set up favourites and save them. When you type in the name as opposed to the postcode, it brings up the premise. E.g. you can save LN1 1EJ as “Gervas House”. When you type in GER is will bring up your favourite to be selected.

Q5. If we have to make a detour due to roadworks etc, do we have to log the additional mileage separately under ‘detour mileage’?

A5. The system uses the shortest route and the system automatically calculates the number of miles to pay. The detour miles can be added with a reason why, whatever that maybe.

Q6. What’s M&D?

A6. Medical and Dental
Q7. If I input some mileage for a weekend will it allowed or would it not flag up weekend working just in case I put the date in wrongly?
A7. No, the system allows for 7 days a week working as a number of clinical staff will travel weekends.

Q8. Will the form be automatically diverted for approval if the authoriser is on leave, and within what timeframe? Is there a danger of someone not getting their expenses authorised on time?
A8. The form will be diverted as long as the approver has set up a delegate. If not it will sit there as it would on a managers desk if they hadn’t informed anyone else to sign paper forms in their absence.

Q9. Do you complete one claim per month or just keeping adding on even if they are different months?
A9. One claim per month, not multiple months.

Q10. The engine type for my car is Diesel...it says Petrol on the system
A10. The system is showing what is held on ESR. This can be correct through either adding a car if the car is totally incorrect or informing the Admin Team who will change it in the system.

Q11. There is too long a list and therefore a lack of clarity in respect of expense items
A11. We do need these as they are different rates or in respect of detour miles, staff having to put something different to the system.

Q12. How do I upload a receipt and what do we do with original receipts?
A12. When you have added a claim, if you view “my claims” you will see the parking expense displayed. There is a scroll icon and a green “+” sign. Hover and it says upload receipts. It’s just like uploading any other document onto the web. The original receipt can then be destroyed.

Q13. The pop up broadcast messages disappear very quickly
A13. The pop ups can be cleared from the screen when the ‘x’ is clicked. If you need more time to read them, click on the pin icon.

Q14. How do I see my registered my passengers?
A14. If you go back into the claim that you have added, click edit and click on passengers, it will tell you who has been added.

Q15. How does it deduct the home – work mileage?
A15. If you are starting from home, the system will deduct the home to base miles as it holds both. The deductions only happen when you save the expense item onto your claim. If you save the item and then click on the car icon in the grid, the system will display the mileage and the reimbursable mileage.
Q16. There are two “Business Miles” and “Excess Mileage” listed?
A16. There 2 options, one for Agenda for Change Staff, the other is Medical and Dental. Select which is appropriate to your role.

Q17. 6 miles per journey need to be removed as home based (as per home working guidance 2.1) e.g. bank staff or home based workers.
A17. Employees need to manually amend mileage to reduce total by 6 miles per journey. This can be completed by overtyping in the “Distance” box where the mileage calculated appears. The grey details box will remain as the original calculated to show the difference.

Q18. I input a base – e.g. Manthorpe return journey. Going was 25.32 miles, and coming back was 25.21 miles. Why the difference?
A35. The two journeys may not be the same because the system takes into account one way systems and even how far you need to travel around the roundabout before you exit, so the mileage is much more precise.

Q19. What happens if my miles exceed 3500, will it show on SEL that the rate has dropped?
A19. Yes it will.

Q20. Does my email need changing from LPT to LPFT?
A20. Email details are pulled from ESR and what is held there. LPT email address will work if they are still open. Otherwise please inform workforce who will amend your record.

Q21. My old car is approved but not my current one. Who approves it?
A21. The details are pulled from ESR and what is held there. Individuals will need to use the “add car” option to set up a new car. This then emails payroll to update them on ESR. The approval checking system is now through annual appraisals where all documents need to be provided and checked by managers.

Q22. When an authoriser wishes to see a receipt uploaded, if the receipt is in PDF it doesn’t just “pop” up, it has to be downloaded. Is this right?
A22. That is correct. This is because the majority of web browsers cannot support word and PDF documents, so they need to be downloaded first.

Q23. The tip tab says to enter the postcode or if permitted any part of the address – only the postcode seems to work.
A23. We have the standard system using postcodes only. If you wish, you can set up favourites and label them e.g. LN1 1EJ saved as “Gervas House”. When you then type GER it will pick it up. If you select a postcode, the option to make them a favourite and labelled appears next to the address.
Q24. Receipts - The system says it wants the original, so I saved it to a PDF. Is that going to be acceptable?
A24. That is acceptable

Q25. The help and support section is fairly comprehensive, however there is a section which says ‘none of these’ and says create a ticket to contact the administrator with a query. Who will this be sent to?
A25. This is a “ticket” to the payroll team.

Q26. How will the approval process work? Will the manager get an email?
A26 Yes emails are sent at all stages including approval.

Q27. It says I need to scan and attach the relevant expense item – I have scanned with my phone and attached as a pdf – will this be ok?
A27. Yes.

Q28. When creating a claim you are asked to: Add/Edit claim - Description - what should go in this box? Is it the month?
A28. This can be any detail relevant to assist in understanding the claim. This is not a mandatory field and could be simply the month claimed.

Q29. How often should I submit my Claim?
A29. Submitting should replicate the current system. i.e. you add your mileage and expenses as you complete and then submit them all only once for authorisation. The facility to submit daily to your manager is there but that would be for agreement locally with the authoriser who may or may not wish to receive authorisations daily.

Q30. If something was missed by the claimant or was incorrect, would the manager reject and the claimant resubmits?
A30. Correct. Approvers have the ability to approve, return, delete and amend a claim. If they return or delete an item they need to give a reason which appears in the claim history and the claimant is also notified.

Q31. When I view employees’ submitted expenses and try to view an image of a receipt, the image is extremely large and cannot be viewed on 1 screen; I have to scroll to view all elements.
A31. Depending on the mega pixel of the camera will depend on how large the file picture is saved as and consequently renders on screen. If this is an issue for some uploads, the user can save and edit the file on a PC to reduce the number of pixels before uploading to Expenses.
Q32. The mobile App location tracking isn’t working?
A32. The location settings may not be enabled. The App does not prompt you to turn this on so will search for long periods of time trying to find your location without GPS. The user needs to check whether this is turned on.

Q33. My mobile claim is not appearing in my claims to submit?
A33. When you sync your expenses from the App, they will appear under the heading “my mobile items and journeys”. In order to submit these, you will need to click on the green cross to add them into your expenses to be submitted. Failure to do so will result in the expenses remaining unpaid.

Q34. My manager has not received my expenses for approval?
A34. User will have to manually click submit claim. Entering an expense item does not mean that it is submitted instantly.

Q35 Can the App be downloaded onto a tablet?
A29. It can but has only basic functionality. It will sync to the main system when connected to Wi-Fi although will on do the GPS journey tracker if it has a SIM card.

Q36. I was told when I joined the trust that a consultant is allowed to add 20 miles to their daily business miles any day their car is used for travel from base to trust business.
Example, assuming on Monday 5/1/15 that Dr AN Other travelled from home to base and from base to Mrs Smith’s house for assessment. Mrs Smith’s house is 5miles from base. Dr Jelly is allowed to claim for 5miles from base to Smith’s house, 5miles from Mrs Smith’s house to base and 20miles for having used own car for trust work. This will make a total of 30miles for claims made. However, if on Tuesday 6/1/14 AN Other went from home to base and stayed at base all day. Dr AN Other is not allowed to make any claim as he came to work. How is it taken into account by the new system?

A36. The element to use is “consultants Taxable miles”. In the example, this needs to be entered as 10 mile under M&D Business miles and 20 miles under “consultants Taxable miles”. 
There are particular issues that are specific to trainees’ expenses for travel that are dealt with below.

1. **What side menu option should I choose for my expense items?**
   For parking related expenses, choose ‘Parking’ and for travel by car, choose ‘Business miles A4C’. Rail travel can also be claimed for if the costs are not excessive, but this should be agreed in advance with your senior clinical tutor.

2. **Why does the e-expenses system suggest I’ll be paid more for my journeys than I actually receive?**
   Although you should usually choose ‘Business miles A4C’ from the side menu for your items, trainees are not paid the same rate per mile as other A4C employees, which you agreed to when you signed your contract. LPFT’s payroll system is set up to pay trainees at the rate of 24p per mile but the e-expenses system does not show this rate.

3. **What happens if I am paid at a higher rate per mile than the 24p per mile rate that trainees are supposed to get?**
   Occasionally, mistakes happen but these should be apparent on your payslip. It is every employee’s responsibility to ensure they are paid correctly and failure to inform the Trust of over-payments can be regarded as fraud. The earlier mistakes are identified, the sooner they can be corrected, which will be of benefit to you and the Trust. Please inform payroll and your senior clinical tutor as soon as possible.

4. **Can I submit a claim for part of a journey?**
   Because LPFT expects you to pay for the cost of your commute from home to base each day, regardless of where you actually travel to and from, your items should always start and finish at home. It is possible a full journey might extend over several days in cases where you choose to travel to placement and stay overnight rather than commute to home, but it is not acceptable to claim for part of a journey if this obscures calculation of your commuting miles.

5. **Can I be paid for travel related to my thesis research?**
   Travel relating to your thesis research can be paid from your research budget for which there is a separate claims system – See Section 9 of the Research Handbook. Travel related to your thesis research should NOT form part of your LPFT e-expenses claims, except in relation to travel to engage in supervision with research tutors employed by the course.
6. Can I be paid for carrying any passenger who is an employee of LPFT?
   You can be paid for carrying fellow trainees as passengers. Our budget for
   travel costs is separate to that for other employees of LPFT so, unless it has
   been previously agreed with your senior clinical tutor, you cannot be paid for
   carrying passengers who are not trainees of the course.
E-Expenses System

Guide and Frequently Asked Questions & Answers:

What is E-Expenses?
E-Expenses is an on-line Expenses system which feeds into the Trust’s recording systems (ESR) to ensure the timely and accurate payment of Travel and Expenses.

The E-Expenses System is being implemented to provide a more accurate and timely service for the payment of Travel and Expenses. As the system operates in ‘Real Time’ users will have the ability to submit claims later in the month than they are currently able to do using the paper system. The Trust is also keen to reduce its Carbon Footprint and by reducing the amount of paper claims submitted each month is contributing towards this initiative.

Where do I access it?
E-Expenses can be accessed from anywhere with Internet Access, for example a hot desk at work, home, an Internet Café etc. Once you have been registered on the IT system you will receive an email from the trust providing you with the relevant details of your e-expenses account.

I have no pc at work, can I submit paper copies?
E-Expenses can be accessed from anywhere with Internet Access, for example a hot desk at work, home, an Internet Café etc. However, if you still do not have access to a computer you can ask your Manager to complete your claim on your behalf, or give you access to a shared computer at work. In extreme cases please contact the Payroll Department for further options. Paper copies will not be accepted.

Who do I send it to and who will authorise my expenses?
The E-Expenses system is set up to automatically forward your completed claim directly to the relevant Authorising Line Manager (Louise Braham).

Who checks it?
Louise will check your on-line claim prior to authorising it for payment. It will only be authorised where the relevant receipts are received. Make sure all receipts for every claim you are making are provided to you manager in a clearly named enveloped indicating the month the receipts are for. Please do not put more than one month in an envelope.

How do I know that my expenses have been authorised?
The system will automatically send you notification when your claim has been authorised for payment. Likewise, if there has been a problem with your submission, you will receive an email from the system telling you that your form has not been processed and why.
**How is the distance calculated?**
The system uses the Triangular Travel method for the calculation of business miles. The actual distance is calculated using Postcode to Postcode, based on the shortest route, in accordance with the Trust’s current Travel Policy and following Inland Revenue Guidelines.

**Can I amend the details to include a route diversion due to road works?**
Any mileage incurred as a result of not being able to use the shortest route, e.g. road works can be input under a separate heading of Detour Miles, however, Detour Miles should not be used to amend mileage calculated using the Triangular Travel Method (see Appendix A) as the system will always calculate this correctly following Inland Revenue Guidelines.

**Is there any training for this?**
The system itself is no different to other ‘On-Line’ systems for which no official ‘Training’ is provided. Examples are On-Line Banking, EBay, On-Line Shopping etc, the companies that supply these systems do not provide an official training programme as there is online guidance within the product to lead you in the right direction to enable you to navigate appropriately. E-Expenses is no different, the system has online help facilities which will help you with any difficulties you may have. In addition to this, an Employee’s Helpline will be provided for the implementation period which will give employees the opportunity to speak to someone about any problems that are not covered in the online guidance.

**What should I do with receipts?**
A scan of your receipts must be uploaded on to the E-Expenses system. It’s a good idea to keep the originals.

**When do I need to submit my claims by?**
Any claims submitted and authorised for payment by the agreed deadline date will be included for payment in the current month.

**What if I forget to submit them?**
Your claims can be submitted at any time but will be processed on the next available payrun dependant upon the date they are authorised for payment.

**Can I amend my travel claim form once submitted for authorisation?**
If you complete your claim form incorrectly, your Authorising Manager can return the on-line claim to you, prior to authorisation, for amendment. You will then re-submit your amended form for Authorisation and payment as normal.

**Can someone else do it for me?**
You are able to delegate responsibility for another user to complete your on-line claim on your behalf, e.g. your Manager etc.

**What do I do if the system is down?**
There should be no reason why the system should go off line, however the Trust will facilitate any agreed system down time accordingly. In the unlikely event of any unplanned down time the trust will seek clarification from Software Europe and staff will be notified and kept up to date.

**What does tax at source mean?**
Tax at source means that you pay tax on your travel expenses in the period in which the expenses are paid. Currently, Nottinghamshire Health Care tax all travel at the end of the year by the production of Appendix C2 (1617) - Travel Claims - NHCT - E-Expenses
form P11D. This means that you pay tax in relation to travel expenses in the following financial year. Taxing at source is a much more timely method of taxing travel payments as it is done at the time of payment and not in arrears.

**What do I do if I forget my password?**
The system has a ‘Forgotten my Details’ button on the login screen, click on this and the system will guide you through re-setting your password details.

**Can I see historical claims?**
Yes, you can access copies of all claims submitted on the E-Expenses System.

**Who do I contact if I have not been paid my expenses or they are incorrect?**
The system will automatically notify you when your claim has been approved for payment as all transactions are tracked within the system, therefore if you are notified that your claim has been authorised there should be no reason why your claim would not be paid. If you have a query, start with your line manager.

**How long do I have to send in my expenses?**
It is good practice to send in claims for Expenses at the end of each month, this ensures that the authorising Manager can approve the claim appropriately as it is deemed bad practice to expect an Authorising Manager to confirm expenses incurred over six months ago. Do not expect expenses to be authorised if they are over 3 months old.

**Completing the online form**
The form needs to contain all the information for your manager to be able to check where you have been. In the “other information” section you must describe where you were going (e.g. client home) and include the post code.

You must remember to put the University of Nottingham as your base (NG8 1BB) and can only claim up to the distance from your base to where you are travelling. Please make sure you only claim for one month on each submission. Please put the dates in order otherwise it makes it difficult to check. All mileage is entered as training. None of the travel you do is considered business mileage as it is part of your training contract.
**CERTIFICATE OF CLAIMANT**

I certify that the travelling and subsistence allowances claimed are in accordance with NHS regulations, Whitley Council Agreements or Agenda for Change Terms and Conditions and are in respect of expenses actually incurred whilst engaged on the business stated and have not been claimed elsewhere.

The travelling and subsistence allowances claimed are in accordance with NHS regulations, Whitley Council Agreements or Agenda for Change Terms and Conditions and are in respect of expenses actually incurred whilst engaged on the business stated and have not been claimed elsewhere.

The motor vehicle in respect of which mileage allowance is claimed is a roadworthy condition and covered by full or third party insurance including cover for full business use of the Trust and cover against risk or injury to, or death of, official passengers and damage to property. I undertake to indemnify the Authority/Trust in respect of any claim made against me for which my insurance policy does not provide cover.

On the occasions where day allowances are claimed I necessarily spent more on meals than if I had been at my permanent place of work, and where an allowance for a period of more than the stipulated time is allowed in Annex N of the Agenda for Change Terms and Conditions of Service Handbook/Whitley Council Agreement. I have included all receipts relating to my claim for subsistence, and understand if I fail to provide receipts my claim will be subject to Income Tax.

**CERTIFICATE OF HEAD OF DEPARTMENT**

I confirm that I have checked the claim and to the best of my knowledge, the individual above is entitled to reimbursement of the amounts stipulated. I understand that if I knowingly give false information this may result in disciplinary action and I may be liable for prosecution. I confirm the expenses claimed on the form were necessarily incurred by the person above in the performance of their normal duties and that authorisation was given for the use of the vehicle and that the mileage claim is correct. Any claim for travel at a higher rate than Public Transport Rate is approved as I have verified that the relevant insurance is held.

<table>
<thead>
<tr>
<th>Month</th>
<th>September</th>
<th>Year</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forename</td>
<td>Pam</td>
<td>Surname</td>
<td>Smith</td>
</tr>
<tr>
<td>Home Address of Claimant</td>
<td>45 Smith Street</td>
<td>Sandiacre</td>
<td>Nottingham NG3 0XX</td>
</tr>
<tr>
<td>Department</td>
<td>University of Nottingham</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td>Trainee Clinical Psychologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make &amp; Model of vehicle</td>
<td>Ford</td>
<td>Engine Cubic Capacity</td>
<td>1399</td>
</tr>
<tr>
<td>Is this a change of vehicle?</td>
<td>Yes/No</td>
<td>Registration No.</td>
<td>PP 55 PPP</td>
</tr>
<tr>
<td>Return Journey - Home to Base by the shortest practicable route.</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard Car User (Please circle if applicable)</th>
<th>Regular Car User (Please circle if applicable)</th>
<th>Lease Car User (Please circle if applicable)</th>
</tr>
</thead>
</table>

Notes:
- Each individual claim form MUST be signed and authorised.
- All information above must be completed on all travel claim forms.
- All claims for excess travel following a permanent change of base are taxable and the mileage should be stated in the relevant taxable column.
- All column totals MUST be completed.
- Only expenses for travel & subsistence will be paid on this claim form, unless authorised by the Director of Finance.
- Managers are expected to ensure complete records are kept to substantiate claims for tax relief resulting in emergency travel. Other travel expenses - with a receipt will not be taxed, without a receipt will be taxed.
- If there is no further space on the claim form for additional entries, do not carry over any totals to a continuation/additional claim sheet. Please complete a separate/second claim for the latter part of the month.

Claims should be submitted and given to your Manager immediately after month end, to enable your Manager to countersign and submit to the relevant designated collection area by 5.00 p.m. on the 3rd of every month. Authorised Travel claims should not be returned to the employee.
<table>
<thead>
<tr>
<th>Date</th>
<th>Place visited</th>
<th>Purpose of Journey</th>
<th>Business Mileage</th>
<th>Course Mileage</th>
<th>Excess Mileage</th>
<th>On-call Mileage</th>
<th>Home To Base (Med Staff Only)</th>
<th>Passenger Mileage</th>
<th>Other Travel Expenses (Bus, Rail, Car Parking etc)</th>
<th>Time (Required when claiming Subsistence)</th>
<th>Subsistence</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-Sep-16</td>
<td>Home to xxxx, Derby</td>
<td>Training</td>
<td>5.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07-Sep-16</td>
<td>Home to xxxx, Derby</td>
<td>Training</td>
<td>5.2</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£ 350</td>
</tr>
<tr>
<td>08-Sep-16</td>
<td>Home to xxxx, Derby</td>
<td>Training</td>
<td>5.2</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-Sep-16</td>
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<td>Training</td>
<td>5.2</td>
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<td></td>
<td></td>
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</tr>
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<td>Training</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>14-Sep-16</td>
<td>Home to xxxx, Derby</td>
<td>Training</td>
<td>5.2</td>
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<td></td>
<td>£ 350</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-Sep-16</td>
<td>Home to xxxx, Derby</td>
<td>Training</td>
<td>5.2</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21-Sep-16</td>
<td>Home to xxxx, Derby</td>
<td>Training</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Please ensure all columns are totalled

| TOTALS | £ 46.8 | £ 700 |
CERTIFICATE OF CLAIMANT

I Certify That

The travelling and subsistence allowances claimed are in accordance with NHS regulations, Whitley Council Agreements or Agenda for Change Terms and Conditions and are in respect of expenses actually incurred whilst engaged on the business stated and have not been claimed elsewhere.

The motor vehicle in respect of which mileage allowance is claimed is a roadworthy condition and covered by full or third party insurance including cover for the full business use of the Trust and cover against risk or injury to, or death of, official passengers and damage to property. I undertake to indemnify the Authority/Trust in respect of any claim made against me for which my insurance policy does not provide cover.

On the occasions where day allowances are claimed I necessarily spent more on meals than if I had been at my permanent place of work, and where an allowance for a period of more than the stipulated time is allowed in Annex N of the Agenda for Change Terms and Conditions of Service Handbook/Whitley Council Agreement. I have included all receipts relating to my claim for subsistence, and understand if I fail to provide receipts my claim will be subject to Income Tax.

ASSIGNMENT NUMBER
No assignment

HOME ADDRESS OF CLAIMANT
45 Smith Street
Sandiacre
Nottingham NG3 0XX

On Call - Return to Duty

I certify that I took control of the emergency on receipt of the telephone call, gave instructions at the time and I took a continuing responsibility for the situation whilst on the way to the emergency. (Journeys which I do not consider to qualify for tax relief are shown in the relevant taxable column). This exception should apply to staff taking direct responsibility for medical emergencies only.

DEPARTMENT
University of Nottingham

LOCATION

JOB TITLE
Trainee Clinical Psychologist

Make & Model of vehicle
Ford

Engine Cubic Capacity
1399

Is this a change of vehicle? Yes/No
No

Registration No.
PP 55 PPP

Return journey - Home to Base by the shortest practicable route.
9

CERTIFICATE OF HEAD OF DEPARTMENT

I confirm that I have checked the claim and to the best of my knowledge, the individual above is entitled to re-imbursement of the amounts stipulated. I understand that if I knowingly give false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information for this form to and by the Trust and the NHS Counter Fraud and Security Management service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed

Date
30th September 2016

Claims should be submitted and given to your Manager immediately after month end, to enable your Manager to countersign and submit to the relevant designated collection area by 5.00 p.m. on the 3rd of every month. Authorised Travel claims should not be returned to the employee.
<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Journey</th>
<th>Miles</th>
</tr>
</thead>
<tbody>
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<td>30 Aug 16</td>
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</tr>
<tr>
<td>31 Aug 16</td>
<td>Training</td>
<td>5.2</td>
</tr>
<tr>
<td>06-Sep-16</td>
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<tr>
<td>07-Sep-16</td>
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<tr>
<td>08-Sep-16</td>
<td>Training</td>
<td>5.2</td>
</tr>
<tr>
<td>12-Sep-16</td>
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<tr>
<td>13-Sep-16</td>
<td>Training</td>
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<tr>
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<td>Training</td>
<td>5.2</td>
</tr>
<tr>
<td>19-Sep-16</td>
<td>Training</td>
<td>5.2</td>
</tr>
<tr>
<td>20-Sep-16</td>
<td>Training</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Please ensure all columns are totalled.

ICRORECT EXAMPLE

Date
30 Aug 16
31 Aug 16
06-Sep-16
07-Sep-16
08-Sep-16
12-Sep-16
13-Sep-16
14-Sep-16
19-Sep-16
20-Sep-16

Purpose of Journey
Training
Training
Training
Training
Training
Training
Training
Training
Training
Training

Miles
5.2
5.2
5.2
5.2
5.2
5.2
5.2
5.2
5.2
5.2

Please provide full details of journey undertaken, including addresses of starting point and places visited.

More than one month’s mileage

Please ensure all columns are totalled.

TRAVEL AND SUBSISTENCE ALLOWANCE CLAIM FORM

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

Organisation No
383

 inexcorrect example
<table>
<thead>
<tr>
<th>Trust and location</th>
<th>Postcodes</th>
<th>UofL LN6 7TS</th>
<th>UofN NG8 1BB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lincolnshire Partnership Placements</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Archway Centre, Boston (Harmony &amp; Galaxy Suites)</td>
<td>PE21 8EG</td>
<td>34.5</td>
<td>58.8</td>
</tr>
<tr>
<td>The Archway Centre, Lincoln</td>
<td>LN2 4WA</td>
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<tr>
<td>The Avenue, Lincoln</td>
<td>LN1 1PB</td>
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<tr>
<td>Ash Villa, Sleaford</td>
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<td>38</td>
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<tr>
<td>Baverstock House, Lincoln</td>
<td>LN2 5RA</td>
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<td>40</td>
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<tr>
<td>Beaconfield Centre, Grantham</td>
<td>NG31 9DF</td>
<td>34</td>
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<tr>
<td>Beech House, Boston</td>
<td>PE21 0AX</td>
<td>36.5</td>
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<tr>
<td>Blair House, Billinghay, Lincoln</td>
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<td>50.5</td>
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<tr>
<td>Boston Health Clinic, Boston</td>
<td>PE21 8RU</td>
<td>35</td>
<td>56.5</td>
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<tr>
<td>Carholme Court, Lincoln</td>
<td>LN1 1FS</td>
<td>1.5</td>
<td>40</td>
</tr>
<tr>
<td>The Chapel Centre, Spalding</td>
<td>PE11 1QF</td>
<td>44.5</td>
<td>57.5</td>
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<td>Corktree Crescent, Boston</td>
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<td>36</td>
<td>57.5</td>
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<td>LN1 1FS</td>
<td>1.5</td>
<td>42.6</td>
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<td>Dudley Street, Grimsby</td>
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<td>Francis Willis Unit, Lincoln</td>
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<td>1.5</td>
<td>40</td>
</tr>
<tr>
<td>Grantham Hospital, Grantham</td>
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<td>33</td>
<td>26</td>
</tr>
<tr>
<td>Grantham Health Clinic, Grantham</td>
<td>NG31 6TT</td>
<td>33.5</td>
<td>26.5</td>
</tr>
<tr>
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<td>41.2</td>
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<td>Johnson Community Hospital</td>
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<td>57.9</td>
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<tr>
<td>Lincoln University, Lincoln</td>
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<tr>
<td>Long Leys Court, Lincoln</td>
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</tr>
<tr>
<td>Louth County Hospital, Louth</td>
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<td>66</td>
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<tr>
<td>LD Therapy Team, Tollemache Road South, Grantham</td>
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<tr>
<td>LPFT Training Centre, The Reservation, Sleaford Bus Park</td>
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<td>Peter Hodgkinson Centre, Lincoln</td>
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<td>41.5</td>
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<td>St Anne’s Road, Lincoln</td>
<td>LN2 5RA</td>
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<td>42.5</td>
</tr>
<tr>
<td>Trust and location</td>
<td>Postcodes</td>
<td>UofL LN6 7TS</td>
<td>UofN NG8 1BB</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Lincolnshire Partnership Placements /contd</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Stamford Resource Centre, Stamford, Lincs</td>
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## Mileage Charts - University Base to Placements

### Appendix C4

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Appendix C4 (1617) – Mileage Charts – University base to placements  
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</table>
1) Employee follows correct reporting procedure for sickness absence.

2) Line manager modifies ESR

3) Line manager and employee maintain appropriate level of contact. Line manager records contact on contact record form.

4) Employee submits medical certificate from 8th calendar day of absence. Medical certificate to be received no later than 11th day of absence.

5) EMPLOYEE RETURNS TO WORK WITHIN 1 MONTH: Line manager updates ESR with return date.

6) Line manager completes return to work interview with employee on first day back from sickness or at earliest opportunity (within 48 hours if possible). Line manager to review number of absences and/or days of absence and ensure that for staff who have had 2 episodes of sickness in a rolling 6 month period and/or 8 days absence, that the pattern and level of absence is examined and the member of staff is advised of the next steps should level/pattern of absence continue. This should be recorded on the interview record.

7) If this absence is employees’ 3rd absence in rolling 6 months, arrange meeting to review absences. Line manager sends template letter invite to review sickness. A referral to Occupational Health may also be appropriate.

8) Line manager and employee meet and line manager completes interview record. Target to be set as appropriate. Line manager sends outcome of review letter to employee confirming target set.

19) EMPLOYEE REMAINS OFF SICK FOR LONGER THAN 1 MONTH: Line manager maintains contact as above and arranges home visit at 4 weeks of absence, invite to be sent using template. Go to step 20

See decisions boxes on following page
9) Line manager meets with employee and reviews target period. Outcome confirmed with appropriate template letter.

10) Line manager meets with employee to review target period. Using interview record, agree further target and confirm with appropriate template letter. Repeat steps 8 onwards as appropriate.

11) Line manager meets with employee to review target period and confirms outcome with template letter confirming management case being completed. A referral to Occupational Health may also be appropriate.

12) Line manager completes management case using template provided. Management case to be submitted to HR and next in line manager for consideration.

13) Review Hearing to be arranged. Next in line manager writes to employee using invite to review letter detailing reasons why a formal review is taking place instead of a disciplinary hearing.

14) Disciplinary hearing to be arranged. Next in line manager writes to employee using invite to disciplinary template.


16) Warning re sickness then further target set, follow steps 8 onwards as appropriate.

17) No action.

18) Disciplinary action taken. Outcome to be confirmed in writing.

19) Possible dismissal on grounds of sickness / capability or other disciplinary actions.
20) Line manager conducts home visit with employee. Discussion should include updates from GP/referral to OH/arrangements to be made on return to work etc and agree level of contact. Confirm outcome in writing using template.

21) Line manager completes referral form and sends to Occupational Health

22) Step 20 repeated as appropriate.

23) Employee returns to work. Follow step 5 onwards.

24) Absence continues. Meeting to be arranged with next in line manager and HR after 3 months of absence. Letter sent using template inviting to long term review.

25) Meeting takes place, discussion to include Ill Health Retirement and Temporary Injury Allowance as appropriate. Outcome confirmed in writing using template.

26) Employee returns to work. Follow step 5 onwards.

27) Further reviews/OH referrals/meetings to be arranged as appropriate.

28) Employee returns to work. Follow step 5 onwards.

29) Final long term review (GM/HR) to be arranged, letter sent confirming details using appropriate template. Possible outcome, dismissal. Ensure Occupational Health advice is up to date and relevant and all alternative employment options have been considered.

30) Employee returns to work. Follow step 5 onwards.

31) Dismissal on grounds of capability due to ill health.
Extract from LPFT’s Managing Attendance policy

**Employee Responsibilities - Sickness Absence**

**Sickness Reporting**

On the first day of sickness an employee should:

- Make every effort to speak to their line manager (or named contact) as soon as possible but no later than 30 minutes before their normal starting time. Where workplaces may not be open before the normal start of business, employees should speak to their manager at the beginning of normal office hours. The use of e-mail, texting or leaving messages on general office voicemail or answer phone is not permitted.
- Notify their manager at the earliest opportunity if they are sick during annual leave. If they fall sick during annual leave they will be eligible to reclaim leave from the date of a Doctor’s certificate.
- If they consider the illness arises from an accident at work they must notify their line manager, so that their manager can complete a sentinel form.
- It is the responsibility of the employee to keep their manager informed of their absence, and if necessary contact their manager each day up to the 7th day of absence.

Please note that if a staff member reports for work/duty as normal and then falls ill during their shift/working day, then their absence will counted as a half day.

On the fourth day of illness, staff need to be aware that they are required to complete the Her Majesty’s Revenue & Customs – ‘Employee’s statement of sickness form’ (which is available at every unit or from the Pay Department), for absences of 4 days or more up to 7 days (including normal off/rest days and weekends). This will ensure that Payroll will be able to process salaries/wages accordingly without making deductions for unexplained absence.

On the eighth day of illness they should obtain a Doctor’s Fit Note certificate and submit this to their line manager immediately. The line manager should send the original Fit Note to Payroll, keeping a copy on the personal file as required to ensure there is a local record.

If an employee repeatedly fails to report sickness appropriately, they will be subject to the Trust’s Disciplinary Procedure. 39
Conduct During Sickness Absence

When absent from work, employees must ensure they:

- fully cooperate with any measures provided by the Trust that could aid their recovery;
- attend for meetings to discuss their absence;
- maintain regular contact with their manager and respond to Trust communication;
- do not work for another employer in any capacity;
- do not act in a way that could be detrimental to their recovery;
- attend Staff Wellbeing Service and Occupational Health appointments;
- return to work if assessed and declared as fit to return by a suitably qualified practitioner nominated by the Trust.

Any breaches of the above may result in disciplinary action and/or the non-payment of Occupational Sickness Pay.
Guidance on Inclement Weather or Other Unexpected Absences from Work

1. The Guidance received from the Chief Executive (dated 5th January 2010) makes it clear that all members of staff are expected to make every effort to attend work during inclement weather. This includes using alternative transport or walking for those who live within a reasonable distance of their work location. Staff who are unable to attend work at the start of their normal working day should endeavour to come to work later in the day should conditions improve.

2. Any member of staff who believe that it would not be possible to reach work due to adverse weather conditions, should contact their line manager or other manager (see point 4 below) at the earliest opportunity and as close as possible to the beginning of their day's work.

3. The following procedure, which is similar to the procedure for reporting sickness absence, should be followed for reporting unexpected absences in other circumstance including adverse weather conditions:
   i) Any absence or proposed absence that has not been pre-agreed should be reported directly to Louise and Sheila and your placement supervisor as close a possible to the beginning of that day's work.
   ii) A message left on the answerphone is not sufficient to meet the requirements of Trust policy. Trust policy requires that you must speak to one of the above people in person. Please endeavour to do so and send an email to all concerned.
   iii) If you are unable to speak to any of these individuals in person, you may wish to leave a message for them with Mark or Judith or on the answerphone, but it is your responsibility to call back later to speak to a manager in person.

4. Where staff are unable to attend work due to adverse weather conditions, your line manager (or proxy) will discuss with you the following options:
   i) Working from home, if there are appropriate tasks to be undertaken and you can demonstrate what you are planning to do / have done.
   ii) Attending another site other than your usual base site;
   iii) Use of annual leave; unpaid leave or time to be made up at a later occasion.

The agreement reached though these discussions will be recorded in your personnel file or on your annual leave form as appropriate and monitored by your line manager.
5. If proposing to work from home, tasks to be undertaken need to be discussed and agreed with your line manager and/or your clinical supervisor as appropriate.

6. It is your responsibility to ensure that details of any appointments that need to be cancelled or other commitments you will not be able to meet due to absence are discussed with your line manager and additionally with your clinical supervisor if appropriate.

7. **Be proactive.** If bad weather is forecast, plan ahead by making sure that you have suitable work material with you to enable you to work from home if required. Also, consider where your nearest Trust site is should you need an alternative work site. You may even wish to make advanced arrangements to access a different Trust site should you need to. Advanced planning does not, however, preclude the requirement that you contact your line manager or another manager (as previously specified) if you are unable to reach your normal working site due to adverse weather conditions.

Louise Braham
7th January 2010
PH Appendix C9 (1617) - LPFT Guidance for inclement weather

LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

GUIDANCE ON INCLEMENT WEATHER AND DISRUPTION TO PUBLIC TRANSPORT ARRANGEMENTS

Introduction

1. It is the contractual obligation of all employees to ensure that they attend for duty at their place of work at the appointed time. However, the Trust wishes to ensure that all staff are treated fairly, equitably and reasonably and that no member of staff suffers a reduction in earnings through circumstances under which they have no control.

Aim and Scope

2. These arrangements shall cover circumstances where:
   2.1. staff are prevented from attending for duty and/or
   2.2. staff arrive late for duty and/or
   2.3. staff leave their place of work early
due to inclement weather or the dislocation of public transport.

Operation

3. In order that staff do not suffer a reduction in earnings the following action shall be taken:
   3.1. The manager shall record any absence from duty arising from the circumstances outlined in paragraph 2.
   3.2. The manager shall, in consultation with the individual employee, arrange for the unworked hours to be compensated by one of, or a combination of, the following methods:
      3.2.1. By allocating annual leave for the time lost
      3.2.2. By allocating time off in lieu (TOIL) of additional hours previously worked for which no payment is normally made, and time off has not previously been given.
      3.2.3. By allocating TOIL for which payment is normally made, and for which no payment has already been made.
      3.2.4. By providing opportunities for the member of staff to work additional hours without pay, over a period which shall not exceed 3 months, in order to compensate for the period of absence.
   4. The manager shall monitor the agreed arrangements and be satisfied that the compensatory hours have been worked.
   5. Failure to work the compensatory hours within 3 months from the date of the absence shall be treated as an absence and a compensatory adjustment of pay made.

Recording & Monitoring

6. There is no necessity to report the arrangements made between managers and staff. It will not be necessary to record absences except in the circumstances outlined in paragraph 5.
Adverse Weather Conditions Policy
Ref No: A6

See also: Located in following Policy folder

<table>
<thead>
<tr>
<th>Sickness/Absence Policy &amp; Procedure (S1)</th>
<th>Human Resources policies and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Leave Policy (S9)</td>
<td></td>
</tr>
</tbody>
</table>

Service Area | Issue Date | Issue No. | Review Date
---|------------|-----------|-------------
Trust Wide    | 27.09.07   | 1         | October 2009 |

Authors: Ratified by | Responsibility for review:
Terms, Conditions, Pay and Policy Development Group | Terms, Conditions, Pay and Policy Development Group

Appendix C10 (1617) - DHCFT Adverse weather conditions policy
ADVERSE WEATHER CONDITIONS POLICY

1. PURPOSE

The main purpose of this policy is to ensure that the Trust balances its responsibility to provide a safe level of care to its service users and its staff.

2. SCOPE

2.1 The Trust recognises that from time to time employees may face difficulty in attending work due to adverse weather conditions. This policy has been designed to clarify the time off provisions for employees unable to attend their normal work place as a result of adverse weather.

2.2 The Policy applies to all employees of Derbyshire Healthcare NHS Foundation Trust.

2.3 This policy is also applicable to bank staff hosted by the Trust.

3. POLICY

3.1 Travel difficulties caused by the location of an employee’s home in relation to their place of work are primarily the responsibility of the employee. It is the duty of every employee where possible to report on time to their place of work.

3.2 Considerations will be given to each individual employee based on their location and transport methods available. This will be done in conjunction with weather warnings, road reports and school closure reports.

3.3 However the Trust expects all staff to make every effort to arrive for duty and to complete their shift without compromising their personal safety.

4. PROCEDURE

4.1 The following procedure will apply when the MET Office or local Police force have issued a severe weather warning and advised people to only make essential journeys or not to travel.

4.2 When this occurs employees should make reasonable effort to obtain a suitable alternative form of transport to work.

4.3 Employees who experience difficulties in travelling to work should contact their line manager as soon as possible as they would in any unplanned absence, please refer to the Trust Sickness/Absence Policy & Procedures, Section 4, Sickness/Absence Reporting.
5. **Staff who are at work**

5.1 Only essential visits must be carried out with staff being reminded about suitable precautions to take whilst travelling.

5.2 Staff should not put themselves or service users at risk.

6. **Staff who can not attend work**

6.1 Staff who are unable to attend work due to the weather conditions should contact their line manager immediately and then:

   6.1.1 Attempt to travel to the nearest CMHT or in-patient base if appropriate or
   6.1.2 With agreement with your manager work from home if you have a suitable post that allows you to do so.
   6.1.3 Take annual leave or TOIL with your manager’s permission.
   6.1.4 Staff with family or caring commitments should contact their manager and arrange suitable arrangements. (Please refer to the Trust’s Provision of Special Leave Policy)

   Absence reporting procedures must be followed, please refer to the Trust Sickness/Absence Policy & Procedure, section 4.1 Sickness/Absence Reporting.

6.2 Failure to make reasonable steps to inform your manager may result in the staff member being classed as having un-authorised absence.

7. **Appeals**

7.1 The arrangements outlined in the procedure are intended to ensure that appropriate and fair arrangements are made when adverse weather conditions prevent normal duties occurring.

7.2 If an employee feels that they have been treated unfairly. Then they have the right to pursue the matter as a grievance, as per the Trust’s Grievance Procedure.

7.3 Employees have the right to consult HR or their Trade Union Representatives at any stage of these proceedings.

8. **Other Related Policies**

   Sickness/Absence Policy & Procedure (S1)
   Special Leave Policy (S9)
Lincolnshire Partnership NHS Foundation Trust (LPFT)
Special Leave Policy

Introduction:
The Special Leave Policy was developed in response to times when unforeseen or urgent difficulties may arise for trainees. Examples of where Special Leave is appropriate:

- Unforeseen/sudden Illness or injury of a dependant
- Arrangements for care of a dependent who is ill or injured
- The unforeseen breakdown of normal carer arrangements
- Unexpected incident involving the trainees child during school hours
- Accompanying a dependant to G.P., dentist, clinic, hospital etc. providing no other arrangements can be made
- Planned hospital procedure e.g. operation, hospital treatment, in which the personal and emotional support of the member of staff for the dependant is required
- Bereavement following the death of a dependant or relative

This policy is generally for unforeseen or urgent matters. If a trainee knows well in advance they are going to need time off for caring for a dependant, they should make their own arrangements or request annual leave.

Definitions:
Dependants are defined in relation to trainees as any of the following:

- Spouse/unmarried partner
- Child
- Parent
- Person living in the same household (other than tenant, lodger, housekeeper or boarder) e.g. grandparent etc.
- Any person who reasonably relies on the trainee (BUT only in the event of the dependant's illness or injury).

Notice Requirements:
In the event that Special Leave is required trainees should contact their Line Manager (Senior Clinical Tutor) and provide the following information:

- Reason for the absence
- How long they expect to be away from work in advance if possible

It is not necessary to give this notice in writing at the time of notification, however, upon return to work trainees will be required to complete the Special Leave Form. This will be signed by the Line Manager (Senior Clinical Tutor) and forwarded to the Workforce Information and Payroll and Human Resources for monitoring purposes.

Number of Days and Pay:
The maximum period of paid Special Leave in any leave year is 10 days. It is not expected, other than in special circumstances that a full amount would be granted in a year. The provision for any further carer leave, (more than 10 days in any leave year), paid or unpaid will be considered by the Associate Director of Human Resources or their nominated Deputy, and each request will be decided upon the facts of the case.

A full version of this policy is available at http://www.lpft.nhs.uk/assets/files/Accessing%20our%20information/Policies%20and%20 Procedures/Human%20Resources/PER12.pdf
DClinPsy Joint Regulations 2014/15

Regulations for the Doctor of Clinical Psychology (DClinPsy)

The regulations for the DClinPsy are those which govern the University of Nottingham (UoN) PhD available at http://www.nottingham.ac.uk/academicservices/qualitymanual/researchdegreeprogrammes/index-page-research-degree-regulations.aspx and the University of Lincoln Research Degrees at http://secretariat.blogs.lincoln.ac.uk/files/2013/03/Research-Degrees-Regulations-for-MA-and-MSc-by-Research-MPhil-and-PhD-2014-15.pdf except where the following modify or supplement them.

1. Admission Requirements

1.1 A candidate for the Doctor of Clinical Psychology (DClinPsy) degree must

(a) be a graduate of this or any other approved university holding a Bachelors degree in Psychology or an equivalent subject recognised by the British Psychological Society as conferring Graduate Basis for Chartership. This will normally be a first or upper second class honours but candidates with a lower second-class honours degree or other equivalent qualification may be considered if they have a postgraduate degree at Masters level or higher. The only entry to the programme is at the beginning of Year 1. There is no provision for advanced entry based on ROL or ROEL.

(b) Meet the essential characteristics of the NHS person specification for a Clinical Psychologist in Training and course specification.

(c) Have the personal and intellectual resources to pursue a challenging and demanding research oriented programme.

(d) Have previous supervised practical experience relevant to clinical training.

(e) The programme covers a wide geographical area and teaching is provided at both the University of Nottingham (UoN) and the University of Lincoln (UoL) (the universities). It is therefore a requirement that students are able to make their own personal arrangements to travel to and from the universities and their respective work placements. Students should expect to have to travel for at least 3 hours a day (e.g. between universities and from base to placement).

(f) Candidates will be subject to an interview process and must complete Disclosure and Barring Scheme checks and health checks for acceptability as an NHS employee.

(g) Applicants whose first language is not English and who have not previously studied in Higher Education in English, must as a minimum, have one of the following:

- A British Council IELTS overall minimum score of 7.5 with no element below 7.0, achieved no more than 2 years prior to admission.
- Pearson Test of English Academic 73 (minimum 67).
- CELE pre-sessional course final assessment of “Pass with High Distinction”
2. Course of Study

2.1 A candidate for the degree of DClinPsy must have pursued at one of the universities a full-time course of study comprising a taught component, clinical placements and one research project. Completion of the DClinPsy programme requires a minimum of 3 years of full-time supervised study.

2.2 The universities’ Regulations for Taught Masters Degrees, Postgraduate Diploma and Postgraduate Certificate courses shall apply with regard to satisfactory progression on the taught element of the degree. All modules on the programme are compulsory and non-compensatable. The Regulations may be accessed at http://www.nottingham.ac.uk/academicservices/qualitymanual/studyregulations/taughtmastersdegrees,postgraduatediplomaandpostgraduatecertificatecourses.aspx and at http://secretariat.blogs.lincoln.ac.uk/files/2013/03/Taught-Postgraduate-Regulations-2014-15.pdf

2.3 Students on the DClinPsy programme are called ‘trainees’. Each trainee on the programme is registered at both the University of Lincoln and the University of Nottingham, and on successful completion shall be awarded the degree by one or other of the universities.

2.4 The University of Nottingham’s Fitness to Practise procedures, as set out at Annex B, shall apply to all trainees. Annex C - G specify which of the two universities’ regulations shall be followed in respect of Extenuating Circumstances; Student Complaints; Academic Offences (UoL)/Misconduct (UoN); Academic Appeals; and Student Discipline.

3. Programme Structure

3.1 Structure of Awards

The standard modules in the DClinPsy award are multiples of 5 credit points, as appropriate to the level of study, with 1 credit point equating to 10 notional learning hours. The modules will be at Master (M) or Doctoral (D) level according to Table 1 below:

<table>
<thead>
<tr>
<th>Award</th>
<th>Tariff (level)</th>
<th>Notional Learning Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Doctorate in Clinical Psychology</td>
<td>540 (M/D)</td>
<td>5,400</td>
</tr>
<tr>
<td>Masters Degree in Applied Psychology (available as an exit award only)</td>
<td>180 (M/D) These credits contribute towards the credits for the award of the doctorate</td>
<td>1,800</td>
</tr>
</tbody>
</table>

Table 1: Credit Structure

3.2 The programme shall be structured according to the following principles:

- 140 credits of taught provision
- 120 credits of placement / taught provision
- 150 credits of placement / research provision resulting in production of Placement Research Portfolio (maximum 15,000 words plus appendices, etc)
- 130 credits of research project provision resulting in production of Research Project Portfolio (maximum 45,000 words plus appendices, etc)
It shall have 260 credits / 8 modules designated as taught and 280 credits / 6 modules designated as research.

It shall have 100 credits at M level; the remaining 440 credits being at D level.

A description of the programme structure is at Annex A.

4. Assessment

4.1 Compensation cannot be offered for failure of any component within a module. 4.2 All placement assessments are graded on a pass or fail basis.

4.3 Where no formal extension has been agreed, a late submission will be deemed a failed submission.

4.4 All placements are assessed by the trainee’s supervisor, Clinical Tutor and, where appropriate, Co-Director (Clinical Practice). Supervisor assessments for taught placements are regarded as recommendations to the Programme Directors with the final decision to pass or fail the placement made by the Board of Examiners.

4.5 Supervisor assessments for the research placements are regarded as recommendations for consideration as part of the research annual review process (UoN) or to the College Research Degrees Board (UoL); the research placements are also examined by the research examiners at viva voce alongside the final Research Project who then makes a recommendation to the final Board of Examiners as part of the final examination process for the degree.

5. Reassessment Opportunities

5.1 Trainees who have failed modules shall be offered one opportunity to be reassessed with the following exceptions:

5.1.1 Taught modules assessed by a Practice Based Learning Assessment (PBL): Only one PBL module may be reassessed. If a trainee fails one component or more of a second PBL module assessed by a PBL assessment, no further reassessment will be allowed and the trainee will not be permitted to continue on the programme.

5.1.2 Placement modules:
Placements are assessed by a combination of case studies (written and oral) and clinical assessments. Trainees will be permitted one opportunity to resit one placement module. If a trainee fails one component or more of a second placement module, no further reassessment will be permitted and the trainee will not be permitted to continue on the programme.

5.1.2.1 Trainees who require funding to re-sit a placement failed by the clinical assessment will need the agreement of NHS Commissioners to continue funding an extension of the trainee’s employment and studies during the course of the three-year programme (see below).

5.1.2.2 Where a trainee requires an extension of the training contract, the University may be asked to confirm that the trainee is expected to satisfactorily complete and is suitable to work as a registered Clinical Psychologist, adhering to the expectations of NHS employment practice.
6. Board of Examiners

6.1 The Board of Examiners shall have responsibility for assessment in respect to the taught elements of the programme (see programme structure above) which will feed into the considerations of the College Research Degrees Board (UoL)/Research annual review panel (UoN) who shall have responsibility for assessment of the research elements of the programme and confirming progression.

6.2 Determination of a student’s entitlement to conferment of the final award shall be the responsibility of the Board of Examiners.

6.3 All meetings of the Board of Examiners are deemed to be held jointly between the universities and no restrictions on the exchange of information shall apply.

6.4 In recognition of the link between academic progression and employment status the programme may communicate directly with trainees who are in danger of programme failure and thereby of losing their employment.

7. Progression

7.1 Taught Components

7.1.1 In order to progress through subsequent years trainees shall have passed all the required elements of the taught modules at each stage of the programme.

7.1.2 Research Components (see programme structure above).

7.1.3 Each candidate will have at least two academic supervisors for the Research Modules that comprise the Research Project Portfolio.

7.1.4 Progress records shall be confirmed by the College Research Degrees Board at UoL, or the annual review panel at UoN, on at least an annual basis. The Progress Board/panel shall take account of internal marking of taught and research modules and performance on placement (supervisor report and case studies) to satisfy itself of satisfactory progress.

7.1.5 Upon receipt of the progress record, the trainee transcript and any additional information that it has required, the Research Degrees Board/annual review panel shall either:

A) confirm that the enrolment of the trainee shall continue or
B) confirm that the enrolment of the trainee shall continue and the student must be reassessed in failed elements of the annual review
C) confirm that the trainee’s course of studies be terminated and the award of the MSc in Applied Psychology be considered or
D) recommend that the trainee’s course of studies be terminated and no award be made

8 Submission of Research Project Portfolio and Examination

8.1 The candidate shall submit a Research Project Portfolio (Volume 1) for examination, which shall comprise of a draft journal paper, an extended paper (including an updated literature review and extended methods, analysis, results and discussion sections), a critical reflection and a poster.
8.2 The Research Project Portfolio shall be of a standard to indicate the creation and interpretation of new knowledge through original research, which extends the forefront of the discipline.

8.3 The work reported shall be of a quality to satisfy peer review and merit publication in a scientific journal. Volume 2 (comprising placement case studies and service related research) must also be submitted before the Research Project Portfolio can be sent for examination.

8.4 Both Volume 1 and Volume 2 must be submitted before the student is recommended for examination.

9. **Outcomes of Portfolio Examination.**

9.1 The Examiners may recommend the following outcomes of examination for candidates:

<table>
<thead>
<tr>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass the research component of the degree</td>
</tr>
<tr>
<td>Pass the research component of the degree subject to minor corrections within one month</td>
</tr>
<tr>
<td>Pass the research component of the degree subject to minor amendments to be completed within three months</td>
</tr>
<tr>
<td>Require the candidate to attend for a second viva voce examination and resubmit the same portfolio (which may be subject to minor amendments to be completed within three months), or Resubmit the portfolio in a revised form within twelve months with/without attending a second viva voce examination</td>
</tr>
<tr>
<td>Fail the research component of the degree and no further opportunity for resubmission</td>
</tr>
</tbody>
</table>

Table 2: Outcomes of Portfolio Examination

10. **Doctoral Award**

10.1 The degree of DClinPsy will be conferred on candidates who

a) have successfully completed the taught component of the programme and

b) have satisfied the Examiners as to the standard of the Research Project Portfolio and
c) have achieved all standards of proficiency required by the HCPC and core competencies required by the BPS and

d) have supplied all raw data for the research portfolio to the school administrators and

e) have obtained confirmation from the primary research supervisor that they have prepared a submission ready journal paper and

f) are not subject to any Fitness to Practise Proceedings.

10.2 The DClinPsy degree is awarded as a simple Pass, without classification or distinction/merit categories.

11. Award of Masters in Applied Psychology

11.1 A candidate for the degree of DClinPsy who achieves less than 540 but 180 or more credits may be eligible for the award of Master of Science Degree in Applied Psychology. To be awarded this MSc trainees must have successfully completed a total of 180 Level (M, D) credits with at least 60 credits from research modules.

11.2 There is no provision for the award of a Postgraduate Certificate or Postgraduate Diploma.
## Module information

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<tr>
<th>Year</th>
<th>Module Acronym</th>
<th>Title of Module</th>
<th>Level</th>
<th>Semester</th>
<th>Credits</th>
<th>Module Type</th>
<th>Assessment</th>
<th>UoN MNem / UoL Code</th>
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<tr>
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<td>ICI</td>
<td>Individual Client Interventions</td>
<td>M</td>
<td>1 &amp; 2</td>
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<td>RLS</td>
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<td></td>
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<td>Research Placement</td>
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<td>Research Portfolio and Viva</td>
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<td>1 or 2</td>
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Trent Doctoral Training Programme in Clinical Psychology

Annex A: Extenuating circumstances

Annex B: Fitness to Practise

Annex C: Trainee Complaints Procedure

Annex D: Academic Offences

Annex E: Academic Appeals

Annex F: Conduct and Discipline other than concerns falling under the Fitness to Practise procedures
Annex A

**Extenuating Circumstances**

The Extenuating Circumstances regulations of the University of Lincoln shall apply to this programme. These regulations can be accessed via:

https://portal.lincoln.ac.uk/C2/C16/ExtenuatingCircumstances/default.aspx

Extensions and Extenuating Circumstances Policy

As Health Service professional and full-time NHS employees, trainees have an obligation to be aware of any impairment to their fitness to work. This extends to academic work and the completion of assessments and assignments. If the submission of any assignment is likely to be adversely affected through illness or other significant personal circumstances outside their control, trainees must ask for an extension in advance of the submission date using the Extension Request Form.

Extensions of up to two weeks can be agreed by the module convenor/module co-ordinator.

Extensions of more than two weeks require the approval of the Co-director (Practice Learning) for Clinical Practice Reports or of the Co-director (Academic and Research) for all other assignments.

Trainees who require a prolonged extension would normally be required to interrupt their studies.

Where trainees are aware of a disability or long-term medical condition, or other circumstances that are expected to have an impact on their performance in assessment, they should make their Personal Tutor aware of their disability or long-term medical condition at the earliest possible opportunity so that appropriate arrangements can be put in place.

Where trainees are aware of circumstances beyond their control that might adversely affect the submission of their Research Project Portfolio, they should inform their academic supervisor at the earliest opportunity, so that alternative hand-in dates can be agreed.

Claims for extenuating circumstances after the submission date for an assignment has passed would normally raise a concern about the trainee’s fitness to practise, as they should have been aware of their impaired performance and requested an extension. In such a case, the module convenor / module co-ordinator would normally complete a Concern Form (see Fitness to Practise Procedure). Trainees who wish claim extenuating circumstances should complete and sign the relevant form and submit it to the Extenuating Circumstances Board of the University of Lincoln.

The Extenuating Circumstances Board will consider the claim and supporting documentation at their next regular meeting and determine whether extenuating circumstances obtain and whether the trainee’s reasons for not having sought an extension are valid. The Extenuating Circumstances Board will communicate its decision to the Chair of the Trent DClinPsy Board of Examiners. The decision whether to allow a resubmission of an assignment because of extenuating circumstances rests with the Board of Examiners.
Annex B

Fitness to Practise

The Fitness to Practise regulations of the Faculty of Medicine and Health Sciences at the University of Nottingham shall apply to this programme, subject to the following adjustments:

The term ‘trainee’ shall be used throughout in preference to that of ‘student’.

Concerns that a trainee may not be fit to practise Clinical Psychology shall be made to the Programme Co-Director at the trainee’s degree-awarding university. References to ‘the head of studies’ shall be read as referring to the relevant Programme Co-Director.

In the section headed ‘Investigations’, the reference to “the University’s Occupational Health Service” shall be read as referring to the trainee’s employer’s Occupational Health Service.

These regulations can be accessed via:

http://www.nottingham.ac.uk/academicservices/qualitymanual/registrationattendanceandstudy/index.aspx

The current form of the regulations, as they apply to the programme are as follows:

Fitness to Practise Procedure

1. Initiation of the Procedure

1.1. Any concerns that a trainee may have acted in such a way or may suffer from a health problem which may render that trainee a person not fit to be admitted to and practise Clinical Psychology should be disclosed to the Programme Co-Director at the trainee’s degree awarding university.

1.2. The disclosure should normally be made in writing using the concern form. In cases where the initial disclosure is not in the concern form format e.g. notification of criminal conviction, then the relevant Co-director should ensure that a concern form containing the disclosure is completed. The person making the disclosure must identify themselves; disclosures which are raised anonymously will not normally be considered. In exceptional circumstances the discloser’s identity may be permitted to remain confidential.

1.3. The raising of a concern form does not usually indicate a fitness to practise issue. However, the existence of multiple concern forms may show a pattern which does indicate a fitness to practise issue. Therefore on the receipt of an individual concern form which on its own does not raise a fitness to practise issue the Co-directors, should jointly review whether other concern forms have been raised, which when all considered together raise issues regarding the trainee’s fitness to practise, e.g. professional behaviour.

1.4. Where there are concerns that are serious then a trainee may be excluded from clinical placements by their Clinical Tutor on advice of the Co-directors. Some examples of a serious concern would include, but not as an exclusive list, situations where

- patients may be placed at risk;
• the profession might be brought into disrepute by the public knowing that the trainee remained in a clinical environment or;
• that a trainee’s conduct was deemed to be disruptive to the delivery of clinical care or clinical teaching in a partner, usually NHS, organisation. Concerns may be such that trainees can be suspended from their course with immediate effect by the Dean or by the head of studies. If this decision is based on a concern related to discipline or health and safety then appropriate procedures as set out within the Code of Discipline for Students and the Quality Manual should be followed.

If trainees are allowed to return from suspension, they will be expected to comply with any conditions decided by the School or imposed as part of the outcome of any other procedure.

1.5. A trainee will not be allowed to graduate from either University if they are subject to a fitness to practise investigation or hearing which has not been completed.

2. Investigations

2.1. On receipt of a disclosure which gives rise to a fitness to practise concern, the relevant Co-director shall promptly, and normally within 5 working days, arrange for the matter to be investigated and shall notify the trainee of the following:

• The basis of the concerns and any allegations against him/her.
• The identity of the investigating officer.
• Any limitations or conditions placed upon the continuance of studies or supervised practice during the period of the investigation.

2.2. The trainee can register an objection to the appointment of the investigating officer on the basis of a lack of impartiality. Such an objection needs to the relevant Co-director within 5 working days. Examples would include where the investigating officer has initially raised the concern e.g. probity issues, or where the investigating officer has had interaction with the trainee on an unrelated contentious issue. If this objection is upheld a new investigating officer should be appointed.

2.3. The investigating officer may request members of staff connected with the case to provide written comments on the trainee’s conduct and/or health, explaining why there is concern as to fitness to practise. Factual information about the trainee’s professional progress on the course and any other relevant documentation should also be provided.

2.4. The investigating officer shall interview relevant individuals including the trainee himself/herself. At such interviews the investigating officer shall be accompanied by an assistant who shall prepare a written note of the interview.

2.5. The investigating officer should ensure that the trainee is advised of appropriate pastoral support mechanisms within their University and Trainees’ Union.

2.6. The trainee is entitled to have a person of their choosing attend the interview with them in order to support them at the meeting. The trainee should confirm
the name and status of the person accompanying them in writing to the Investigating Officer in advance of the interview. The person supporting the trainee is not attending the interview as an advocate or character witness.

2.7. The trainee may be required to attend their employer’s Occupational Health Service in order that advice on his or her fitness to practise on medical grounds may be sought. In cases where there is evidence of recurring health problems or with addictive behaviours, Occupational health referral is required.

2.8. Save in exceptional circumstances, the investigating officer shall, no later than 15 working days after the referral by the Co-directors, make a written report of the results of the investigation to the Secretary to the Faculty of Medicine and Health Sciences at The University of Nottingham detailing all evidence obtained. From this point onwards all further stages of the Fitness to Practise Procedure are handled by the Faculty of Medicine and Health Sciences at The University of Nottingham.

3. Referral to Fitness to Practise Committee

3.1 Promptly on receipt of the report from the investigating officer, and in any event within 5 working days, the Secretary to the Faculty of Medicine and Health Sciences shall consult the Dean of the Faculty who will determine, in the light of the seriousness of the matter and the strength of the evidence, whether the case should be referred to the Fitness to Practise Committee.

3.2 The Secretary to the Faculty of Medicine and Health Sciences will notify the trainee in writing of the following:

- The outcome of the investigation and the Dean’s decision.
- Whether the matter is to be referred to the Fitness to Practise Committee together with full details of the procedures to be adopted.
- The imposition of any conditions/limitations placed on the trainee’s studies.

3.3 In the event that the Fitness to Practise Committee is to be convened, the Secretary to the Faculty of Medicine and Health Sciences will notify the trainee of the identity of the Committee members and the date of the proposed meeting of the Committee and make available to him/her, all of the evidence detailed in the investigating officer’s report.

3.4 The trainee shall be allowed at least 15 working days in which to prepare his/her case. All information on which the trainee intends to rely must be received by the FTP Secretary to the Faculty of Medicine and Health Sciences, who will then distribute this information to the members of the Fitness to Practise Committee and the Investigating Officer, at least 5 working days before the date set for the meeting of the Committee.

3.5 In exceptional circumstances the Dean may determine that a warning should be issued to the trainee without a Fitness to Practise Committee hearing as the means of disposal of the FTP procedure, according to section 7 (below). The usual example of when this would be considered is when a criminal conviction or caution has been admitted. This disposal shall only be considered when the following four conditions are met.
With the agreement of the trainee, confirmed in writing to the FTP Secretary to the Faculty of Medicine & Health Sciences

When the trainee fully admits to the allegation upon which a concern has been based. This admission would be part of the evidence provided by the investigating officer.

The trainee demonstrates insight into the nature of the concern and expresses remorse as specified in the evidence provided by the investigating officer

When the Dean is satisfied that the nature of the concern does not raise the possibility of another outcome beyond a warning as specified in section 7 (below)

4. Attendance at the Meeting

4.1 The trainee will be required to attend the meeting in person. If the trainee fails to attend without reasonable explanation, the Committee will consider the case in the trainee's absence. The Chair will have discretion as to what constitutes a 'reasonable explanation'.

4.2 The University's case will be presented by the investigating officer or his or her nominee.

4.3 At the discretion of the Chair, the Committee may also call upon other persons (whether or not a current member of the University) to provide advice on specific aspects of the case in writing or in person.

4.4 The trainee is entitled to have a person of their choosing attend the hearing with them (referred to here as "the friend"), and is permitted to have the person of their choosing speak on their behalf. The trainee should confirm the name and status of the person accompanying them in writing to the Secretary no less than four working days before the hearing.

5. Composition of the Committee

5.1 The Committee will comprise as a minimum the Chair (a senior member of the academic staff from outside the professional discipline of the trainee) and two members. At least one member should be a clinically active member of the same professional discipline as the trainee. The Committee will be serviced by a Secretary who is not a member but will be present throughout the proceedings.

5.2 Anyone who is asked to be a member of the Committee, who has been personally involved in the trainee's case at any prior stage needs to inform the Secretary to the Faculty of Medicine and Health Sciences of this. This person will then not be able to be a member of the Committee and another member will need to be appointed.

6. Procedure for the conduct of the meeting

This section is a guide to the conduct of the meeting itself. The Chair has discretion to vary these arrangements as she/he thinks fit.

6.1 Prior to the meeting the Secretary to the Committee will ensure the trainee has copies of all documents circulated to members of the Committee and is aware of the procedures to be followed.

6.2 The Chair will ask if any member has been personally involved in the trainee's case at any prior stage and, if so, will ask them to withdraw from the meeting.
6.3 The trainee, the friend (if attending) and staff will then join the Committee.

6.4 The Chair will introduce by name and explain the functions of the members of the Committee, the staff, and any others present.

6.5 The Chair will explain the powers of the Committee, as set out in section 7.

6.6 The Chair will invite the investigating officer (or nominee) to make an opening statement and then invite the Committee to ask questions. Other staff attending will be offered the same opportunity to make a statement and may be asked questions.

6.7 The Chair will invite the trainee or the friend to make a statement. The Chair will explain that the Committee will wish to hear directly from the trainee in their own words.

6.8 Members of the Committee will be invited to question the trainee.

6.9 The Chair will invite any other person(s) called upon by the Chair to attend the meeting (as referred to in section 4.3), to make a brief statement, and will then invite the Committee to ask questions.

6.10 At each stage the Chair has discretion to allow reciprocal questioning by the various parties.

6.11 Once the Chair is satisfied that the Committee has completed their questioning and the trainee and staff have had a full opportunity to convey information to the Committee, both the trainee and members of staff will withdraw.

6.12 The Committee will then discuss the case.

6.13 If for any reason the Committee requires further clarification of any aspect of the case from either the trainee or staff members they must be all invited back into the meeting while the questioning takes place. When the Chair so determines they will then leave the meeting again.

6.14 The Committee will make its decision on the basis of the balance of probabilities and shall be taken by a simple majority of the members present and voting. The Chair shall have a casting vote in the event of a tie.

6.15 The decision, and any findings of fact, will be conveyed to the trainee and the other parties as soon as possible, and will in any event be conveyed to the trainee in writing within two working days of the decision being reached.

7. Powers of the Fitness to Practise Committee

7.1 The Committee, following consideration of the case, has the power to:

a. permit the trainee to continue with the course with no warning or sanction;

b. warn the trainee that there is evidence of misconduct but the trainee’s fitness to practise is not impaired to a point requiring any of the sanctions listed below;

c. impose a sanction. Beginning with the least severe, the sanctions are:
   i. undertakings;
   ii. conditions;
   iii. suspension from the course;
   iv. expulsion from the course.
(Guidance on the imposition of these sanctions is offered in the GMC document *Medical trainees: professional behaviour and fitness to practise* (2007) and the RPSGB (Royal Pharmaceutical Society of Great Britain) document *Guidance on trainee fitness to practise procedures in schools of pharmacy* (2009)).

7.2 Where a trainee’s studies are terminated, assistance will be given to the trainee to transfer to an alternative course of study which does not provide a license to practise, if this is considered appropriate.

7.3 Where it proves impossible to continue to offer the course because the trainee is deemed incapable on non-academic grounds (such as health) of completing it and will not therefore be fit to practise, every effort will be made to offer an appropriate alternative course of study.

8. Appeals

8.1 The trainee may appeal to the University’s Academic Appeals Committee against any warning or sanction imposed by the Fitness to Practise Committee.

8.2 The policy and procedure for an appeal are set out in the Quality Manual.

9. Confidentiality

The personal data of trainees will be processed by the University in compliance with the Data Protection Act. However, it may be necessary to pass personal information to other organisations such as the NHS, professional accrediting bodies or other institutes of higher education where there is a real issue about a trainee’s fitness to practise and where this represents a risk to patients or members of the public.
Annex C

Trainee Complaints Procedure

The investigation and determination of complaints shall follow the Complaints Procedures of the University directly responsible for the matters or persons or events complained of, and which has the authority to provide remedies where the complaints are upheld. Where a complaint contains substantive elements relating to both universities, investigation and determination shall follow the Complaints Procedures of the trainee’s degree-awarding university, and the other university shall provide full co-operation.

These regulations can be accessed via:

Lincoln
http://secretariat.blogs.lincoln.ac.uk/student-contention/student-complaints/

Nottingham
http://www.nottingham.ac.uk/hr_guidesandsupport/complaintsgrievanceanddignity/complaintsprocedures-universityguidance.aspx

Annex D

Academic Offences

The Academic Offences Policy of the University of Nottingham shall apply to this programme. These regulations can be accessed via:

Academic Misconduct (post 1 August 2013)
http://www.nottingham.ac.uk/academicservices/qualitymanual/assessmentandawards/academic-misconduct.aspx

Annex E

Academic Appeals

The Academic Appeals Policy of the University of Nottingham shall apply to this programme. These regulations can be accessed via:

Nottingham

Annex F

Conduct and Discipline other than concerns falling under the Fitness to Practise procedures

Lincoln
http://secretariat.blogs.lincoln.ac.uk/student-conduct-and-discipline/

Nottingham
www.nottingham.ac.uk/academicservices/currentstudents/studentregulations.aspx
# Notification of Concern about a Clinical Psychology Trainee

<table>
<thead>
<tr>
<th>Trainee Name: (block capitals)</th>
<th>Year of Programme:</th>
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### Please state nature of concern:

1. Trainee unhappy/withdrawn/has health problems

2. Inappropriate attitudes or behaviour

3. Serious misconduct (e.g. a criminal conviction or caution/ drug or alcohol misuse/ aggressive or threatening behaviour)

4. Other

<table>
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<th>Report from: (block capitals)</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Telephone number:</th>
<th>Email:</th>
</tr>
</thead>
</table>

Context in which this trainee has come to your attention, e.g. clinical tutor, personal tutor, supervisor, fellow trainee:

**Signature** (If sent electronically a paper copy with signature should follow)

This form may be kept on file indefinitely and could be used as evidence in a Fitness to Practise investigation.

Please return to: DClinPsy Course Administrator, Room B16, B Floor, YANG-Fujia, University of Nottingham, Jubilee Campus, Nottingham NG8 1BB or email sheila.templer@nottingham.ac.uk
APA Referencing Style

As described in section 7 of the main handbook, **references in your coursework** must follow the **style of the American Psychological Association**, commonly known as APA Style.

You can find information in the *Publication Manual of the American Psychological Association* (2010), 6th edition. It is available in the university libraries at both Lincoln and Nottingham.

See [www.apastyle.org/manual](http://www.apastyle.org/manual) for online information including “Quick answers” for referencing and formatting as well as information about the Publication Manual.

You may refer to the reference sections in APA journals eg, *Journal of Applied Psychology*, for examples of how to produce references in APA format.

The University of Lincoln website hosts a handbook/guide on APA Style. Please search the library at [http://library.lincoln.ac.uk/](http://library.lincoln.ac.uk/) for “referencing” or go direct to [http://guides.library.lincoln.ac.uk/learn/referencing](http://guides.library.lincoln.ac.uk/learn/referencing). There is a pdf that can be downloaded or there are print copies in the library.
Guidelines on Plagiarism and Fitness to Practise
Declaration Form

I declare that I have received the 2016-2017 Programme Handbook and have clearly understood the guidelines on plagiarism and Fitness to Practise in Section 7 (Assessments).

I have been made aware that both the university and the NHS have support systems in place to support me with any disability which may affect my ability to perform my role. I am aware that if I have any issues with disability I need to make my personal tutor (for the university) and clinical tutor (for the NHS) aware so that appropriate support and adjustments can be made.

Name: ..........................................................................................................

Signature: ....................................................................................................

Date: ............................................................................................................

PLEASE SIGN AND RETURN THIS SLIP TO:

Judith Tompkins
DClinPsy Admin Officer
School of Psychology
DClinPsy
Bridge House, room BH0202
University of Lincoln
Brayford Pool
Lincoln
LN6 7TS

Sheila Templer
DClinPsy Course Administrator
Division of Psychiatry & Applied Psychology
School of Medicine
YANG-Fujia Building, room B16
Jubilee Campus
Wollaton Road
Nottingham
NG8 1BB

☎ 01522 886 029
F: 01522 837 390
E: jtomkins@lincoln.ac.uk

☎ 0115 846 6646
E: sheila.templer@nottingham.ac.uk
Handing in assignments at the universities

The programme requires electronic submission of all coursework but there are some exceptions, eg DVDs and confirmation of consent. Please check the table below.

<table>
<thead>
<tr>
<th>Module Acronym</th>
<th>Assessment [name]</th>
<th>Mod Conv</th>
<th>Electronic submission via BlackBoard (UoFL) or Moodle (UoN)</th>
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<tr>
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Extensions: Use the same method as the rest of the cohort, but for electronic submissions, use the EXTENSIONS dropbox.

Resubmissions: Use the same methods as for 1st submission, but for electronic submissions, use the RESUBMISSION dropbox.

Please ensure you follow the naming conventions for the footer, filename, and submission title, using the module acronym, academic year of the assessment, your IDs, and [assessment name], for example:

Footer: PRS 1617 428nnnn 171nnnnn Essay
File name: PRS 1617 428nnnn 171nnnnn Essay
Submission title: PRS 1617 428nnnn 171nnnnn Essay

For resubmissions, please add the word resit to footer, filename & submission title, for example:

PRS 1617 428nnnn 171nnnnn Essay resit

Examples also in section 7 and the relevant Student guide (OClinPsy) Online submission (Blackboard or Moodle).
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Please ensure you follow the naming conventions for the footer, filename, and submission title, using the module acronym, academic year of the assessment, your IDs, and [assessment name], for example:

**Footer:**

SYP A 1617 426nnnn 165nnnnn CaseStudy Page x of y

**File name:**

SYP A 1617 426nnnn 165nnnnn CaseStudy

**Submission title:**

SYP A 1617 426nnnn 165nnnnn CaseStudy

For resubmissions, please add the word resit to footer, filename & submission title, for example:

SYP A 1617 426nnnn 165nnnnn CaseStudy resit

Examples also in section 7 and the relevant Student guide (DClinPsy) Online submission (Blackboard or Moodle).
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<td>Email ppt according to guidance in Module Handbook</td>
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Use the same method as the rest of the cohort, but for electronic submissions, use the EXTENSIONS dropbox.

**Resubmissions**
Use the same methods as for 1st submissions, but for electronic submissions, use the RESUBMISSION dropbox.

Please ensure you follow the naming conventions for the footer, filename, and submission title, using the module acronym, academic year of the assessment, your IDs, and [assessment name], for example:

Footer: FGI 1617 424nnnn 144nnnnn Report
File name: FGI 1617 424nnnn 144nnnnn Report
Submission title: FGI 1617 424nnnn 144nnnnn Report

For resubmissions, please add the word resit to footer, filename & submission title, for example:

FGI 1617 424nnnn 144nnnnn Report resit

Examples also in section 7 and the relevant Student guide (DClinPsy) Online submission (Blackboard or Moodle).
Electronic

Assignments must be submitted **by 10am on handin date**. Please allow enough time for submission to complete and make sure you follow the conventions for file name, footer and submission title – see Section 7 and examples for each intake in lists above in this appendix.

Please note that you can submit revised versions as many times as you like up until the **10am deadline**. If you have not submitted before the 10am deadline, you have only one opportunity to submit and your submission will be considered as “late”.

Give yourself enough time to check through your submission in Turnitin after you’ve completed it – formatting sometimes changes and needs to be amended.

**Take note of the Paper ID**, which is confirmation that you have submitted successfully.

Please see Blackboard at UoFL and Moodle at UofN for guidelines on electronic submission – see **Appendix G5** for how to access Blackboard and Moodle.

Remember,
you will need your userids for both universities
to be active at all times!

Physical

Materials not electronically submitted must also be handed in **by 10am on handin date**.

- Put in an A4 envelope (unless Admin are available to take it)
- Write on the envelope
  - FAO Judith Tompkins or FAO Sheila Templer depending on location

<table>
<thead>
<tr>
<th>University of Lincoln</th>
<th>University of Nottingham</th>
</tr>
</thead>
<tbody>
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<td><strong>Monday - Friday</strong></td>
<td><strong>Monday - Friday</strong></td>
</tr>
<tr>
<td>Hand in directly to Admin staff in office room</td>
<td>Go to :</td>
</tr>
<tr>
<td>BH0202 Ground floor, Bridge House.</td>
<td>• Room B16 – Sheila (Mon – Thu)</td>
</tr>
<tr>
<td></td>
<td>• Room B18 – Sarah or Claire (Mon – Fri)</td>
</tr>
<tr>
<td><strong>For out of hours 24/7</strong></td>
<td></td>
</tr>
<tr>
<td>Security Office, Ground Floor, Minerva Building, clearly</td>
<td></td>
</tr>
<tr>
<td>mark envelope “FAO Judith Tompkins, DClinPsy, College of</td>
<td></td>
</tr>
<tr>
<td>Social Science”.</td>
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</table>
IF AT FIRST YOU DON'T SUCCEED...

Training to be a Clinical Psychologist is demanding. The Trent programme has a number of mechanisms (e.g. personal tutorials, formative assessments, extensive feedback, supportive workshops) to help you towards successful completion of your studies; however, occasionally you may find yourself struggling with a particular assessment. If you think that you cannot meet a hand-in date for an assignment or be ready for a presentation for a good reason, you can ask for an extension. You can find the programme’s policy on extensions and extenuating circumstances in Appendix D1, Annex B. Below are some FAQs:

**What do I do if I cannot meet the deadline for an assessment?**

- If you have a valid reason, you must ask the module convenor for an extension **before** the hand-in/assessment date even if you are on sick leave.
- Valid reasons include illness, bereavement or other significant personal circumstances.
- Please be aware that staff on the programme are part-time and so may not be able to respond to your request immediately. Therefore, an extension request for written assignments needs to be made well in advance and must be made before the last working day before the hand-in date. You should continue working towards the deadline until you hear whether your request has been approved or denied.
- Presentations are classed as exams by the universities. You MUST support any request for an extension with documentary evidence for your valid reason.
- Invalid reasons include for instance pressure of other work, underestimating the time it takes to find sources, or writer’s block.
- Let your Personal Tutor know.
- Let your line-manager (Clinical Tutor) know and follow the requirements of your employing Trust.
- The module convenor will confirm your new submission date by email, based on your personal circumstances. Normally, the extension will be for up to two weeks.

**What do I do if I need an extension of more than two weeks?**

- Explain your circumstances to the module convenor, apply for the further extension using the relevant form (**Appendix E5**), and inform your Personal Tutor and your line-manager.
- Supply any documentary evidence (such as a GP letter).
- The extension will be authorised by one of the Co-directors and the module convenor will confirm your new submission date.

**What if I need a prolonged extension?**

- Normally, you would be asked to suspend your programme of studies formally.
- Talk to your Personal Tutor and your line-manager for advice.

**Can I claim Extenuating Circumstances after the date of an assessment or the deadline for an assignment has passed?**

Yes, in principle, but it is not advisable, because...
... it is far better to flag up difficulties early so that we can support you appropriately before you submit work.

... as an NHS employee, you have a duty to be aware of your fitness to work. This covers both work on placement and academic work. If you hand in an assignment or complete an assessment while your performance is significantly impaired you will have demonstrated a lack of professional awareness, which will normally give rise to a concern under the programme’s Fitness to Practise Procedure (see Section 15 and Appendix D1, annex C) and may result in a referral to trust occupational health. If you decide to ask for extenuating circumstances to be taken into account retrospectively (i.e. after the submission deadline), the module convenor will complete a Fitness to Practise Concern form (see Appendix D2) and forward it to one of the Co-directors.

I still want to claim Extenuating Circumstances; what do I do?

- Talk to your Personal Tutor, explaining why you did not ask for an extension before the assessment date.
- Complete a University of Lincoln Extenuating Circumstances form (regardless of where you are registered for your degree) and supply any documentary evidence.

What would happen next?

- The Extenuating Circumstances Panel of the University of Lincoln will consider your claim at its next regular meeting.
- The panel will determine whether you did have valid extenuating circumstances. It will communicate that decision to the programme team. It may also inform you in writing. It cannot decide whether you are allowed to re-take the assessment.
- For all modules of the programme’s taught component (PRS, ICI, FPA, LSD, ISO, FGI, SOS and TYP) the Board of Examiners will have the ultimate decision on allowing you to re-take the assessment. They will take into account your reason for not requesting an extension before the assessment date, and any extensions and/or additional support you have received. The Board of Examiners will inform you of the outcome.
- For all modules of the programme’s research component (RDE, RLS, FPB, SYP, and RPV) the Annual Review Committee will have the ultimate decision on allowing you to re-take the assessment. They will take into account your reason for not requesting an extension before the assessment date, and any extensions and/or additional support you have received. Your primary research supervisor will let you know the outcome.

What can I do if I am not happy with the decision of the Board of Examiners/Annual Review Committee?


The entire DClinPsy programme is built up of modules/units as listed in Table 1. Each of these is assessed (for a list of all assessments, see Section 7, table 5) and needs to be
passed. There are three types of modules: Clinical Placement modules, Academic modules and Research modules.

What happens if I fail an assessment?

- You will have failed the module even if you have passed other assessments for the same module. There is no compensation between different components of an assessment.
- You will have received extensive formative feedback on your assignment or presentation including a clear indication what you will need to improve to reach 'pass' standard.
- You will normally be allowed to undertake the assessment again (known as a 'resubmission'), but see below for regulations on Clinical Placement modules and Practice Based Learning Exercises.

What do I do if I fail an assessment?

- Talk to your Personal Tutor.
- Prepare to resubmit or retake the assessment.
- For modules in the programme’s taught component (PRS, ICI, FPA, LSD, ISO, FGI, SOS and TYP), the ‘fail’ grade is formally provisional until it is confirmed by the External Examiner as being in line with national standards.
- For all other modules, the fail grade will be confirmed by the research annual review committee. The Co-Director (Academic & Research) will write to you.
- You are only able to resubmit once, so please ensure that you have addressed all the issues highlighted in the formative feedback and proof read your work carefully. You do not want to risk further failure through incomplete or badly presented submissions.

Can I resubmit the assessment for each and every module?

- No, it depends on the module type and assessment form.
- As this is a professional training programme, a lack of clinical competences might put patients at risk.
- The differences are detailed in the Programme Regulations in section 8.

What can I do if I am not happy with a ‘fail’ decision?

- Once a ‘fail’ decision has been confirmed it stands as an academic ruling, which cannot normally be appealed.
- If you think that the decision has been arrived at by an irregular procedure or has been based on bias or prejudice, the normal Academic Appeals Procedures apply. See earlier links.

What happens if I cannot resubmit a failed assessment?

- If you fail a resubmission or more than one PBL or more than one placement/case study you will not have another opportunity to retake the failed assessment and will therefore have failed the programme. In that event, you would receive a formal communication from one of the Co-Directors warning you of the impending termination of your programme of studies. You should then contact your Personal Tutor for pastoral support and your Clinical Tutor regarding your employment status. The Co-Director (Academic & Research) will be available to advise on appeals and courses of action open to you.
Extension for Coursework Assignment
Required for extensions over 2 weeks only
See Appendix E4 for when and how to use this form.
Electronic form is available on UofN Moodle and UofL Bb (see Appendix G5)

<table>
<thead>
<tr>
<th>Name of trainee</th>
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<th>UoL id or UoN id</th>
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<th>Title of Unit/Module</th>
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<td>Unit/Module Code</td>
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<th>Reason for requesting extension</th>
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<th>Documentary Evidence</th>
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<th>Extension agreed by (print name &amp; sign)</th>
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For office use only:

Date received: □ Admin at UoL/UoN advised □ Portal List updated
Received by: □ Admin at UoL/UoN advised □ Portal List updated
How to make best use of your personal tutor

After you accepted the offer of a place on our programme, you will have been allocated a Personal Tutor, who is a member of the Academic Tutor team. Normally you will have the same tutor throughout your training. Your Personal Tutor is different from the Clinical Tutor who is your line-manager and who deals with all aspects of your NHS employment and arranges and monitors your placements. The main functions of your Personal Tutor are as follows:

1. Personal Tutors are the first port of call for providing you with emotional support and practical guidance over the three years of the course. Your Personal Tutor will work with you to find appropriate solutions or help you find other sources of support. Alongside this, Clinical and Research Tutors are available to help you with specific aspects of the training.

2. Your Personal Tutor is your main link to the Programme Team. It is important that you let him/her know about any issues that might affect your functioning on the programme or your ability to complete your training successfully. Your Personal tutor will speak for your individual concerns at course team meetings; alongside your voice being represented at formal committees through your Trainee Reps.

3. Throughout your training you will meet individually with your Personal Tutor at least once per semester. If necessary, you may book a second tutorial meeting each semester. You record key points of the discussion and any agreed actions in the Individual Tutorial Record form and e-mail an electronic copy of this form to your tutor within a week after each meeting. It is important that you write this record carefully as it becomes part of the documentation about your training and can be read by other programme staff. Your Personal Tutor will let you know if they think that any corrections or amendments are needed. In the unlikely event that you and your Personal Tutor disagree, even after further dialogue, about what has been discussed or agreed, both your views will be recorded.

There may be times when you want to discuss a matter in confidence. Your tutor will normally respect this. If you want a confidential record of such a discussion, you will need to agree a way of documenting it other than the Tutorial Record Form. In rare circumstances, it may be necessary for your tutor to break confidentiality (for instance if there should be an urgent need to protect your or someone else’s safety). If so, s/he will discuss it with you beforehand if at all possible.

In addition to your individual meetings, you will have one group tutorial in semester 1 in year 1. Your tutorial group is usually the group you are working with for your Practice Based Learning exercises (known as your ‘PBL group’). Key points of the discussion and any agreed actions are recorded in the Group Tutorial Record form. You will need to negotiate with the other members of your group how this record is written. An electronic copy of the form is e-mailed to your Personal Tutor in the same way as the Individual Tutorial Record (within a week after the meeting).

If trainees request a group tutorial in years 2 and 3, they can be arranged.

In addition to formal tutorial meetings, your Personal Tutor will be available (within reason) for informal consultations by e-mail, telephone, or in person. Please remember that all Personal Tutors are part-time and there may, therefore, be a delay in responses to emails.
4. Your Personal Tutor has access to your supervision logs and your Placement Review reports, so that s/he can be aware of all aspects of your professional and personal development.

5. Early on in the training, your tutorial meetings will focus on helping you to review and monitor your own development, to reflect on your practice and yourself, and to evaluate how you are progressing. You can consult your Personal Tutor throughout your training on academic assignments, Practice Based Learning assessments and Clinical Practice Reports. It is important to plan ahead and negotiate a suitable timescale with your Personal Tutor. Do not be shy in making use of this offer to help you in planning your assignments. Your Personal Tutor will not read drafts of academic assignments.

6. Your Personal Tutor will keep an eye on your progress in all aspects of your training, including clinical, academic and research work, so that together you can think about your current strengths and training needs. Central to this process is the Annual Review. (Please note that this is different from the Research Annual Review which is undertaken by completing the Research Annual Review form (see Research Handbook, section 4) and does not normally involve a face-to-face meeting.) In preparation for the Annual Review you need to send your tutor an up-to-date copy of your Portfolio of Proficiencies, together with details of any additional training experiences such as conferences, workshops or training days. The purpose of the Annual Review is to give you a space for reflecting on your personal and professional development, to review your progress in the context of previous reviews and negotiated actions and to help you have a balanced experience on the training. You will get most out of the review if you can be open to self-reflection and willing to discuss what you see as your strengths and weaknesses in academic and clinical work. This is easiest if you have a good working relationship with your Personal Tutor, based on mutual respect and, where appropriate, confidentiality.

Towards the end of the third year, your Personal Tutor will offer you a final tutorial to facilitate the transition from training to your first post as a qualified Clinical Psychologist

7. In order to align the review process with current NHS practice, HCPC Standards of Proficiency and KSF outlines will inform Annual Reviews. Trainees employed by Derbyshire and Lincolnshire use the Annual Review form in Appendix F4. Nottinghamshire trainees use the Trust Annual Review forms available from your Personal Tutor or the Trust intranet. Your Personal Tutor will introduce you to the format of the CPD log recommended by the BPS in relation to chartering.

At the end of your first year of training, your KSF review will also determine whether you have passed your ‘Foundation Gateway’, i.e. whether you can progress beyond the bottom point of AfC Pay Band 6 to further incremental points. This decision has to be made by your NHS manager (i.e. your Clinical Tutor). If there is any doubt about your passing the Foundation Gateway, your Personal Tutor will need to discuss this with your manager well in advance of the Annual Review.

8. If things go wrong:

As in any working relationship, there may be times when you feel in conflict with your Personal Tutor. It is usually best to address potential conflicts candidly and early on. Finding ways to tackle disagreements and tolerating differences which cannot easily be resolved are important professional skills, which are essential for surviving and thriving in teams and organisations. If you cannot find a resolution, despite your and your tutor’s best efforts, the Course Co-Director (Academic & Research) is available to mediate. In very rare circumstances it may be best if you switch to a different Personal Tutor, but this should always be a last resort.
Trent
Doctoral Training Programme
in Clinical Psychology

**Annual and research reviews**

Trainees have frequent reviews during the course and the schedule of these reviews can be found below.

The review dates are recorded on the Log for Tutorials, Supervision & Reviews overleaf.

Nottinghamshire Healthcare Trust employees have annual reviews shortly after beginning training, and just before the end of the course, in addition to the yearly annual reviews which all trainees have, as this is a Trust requirement.

**Schedule of reviews:**

**Year 1:**

- Nottinghamshire trainees: Trust Annual Review *October of Yr 1*
  
- Personal/Trust Annual Review/KSF Year 1 (all trainees) *August/Sept Yr 1*
  
- Research Annual Review (RAR) *October of Yr 2*
  
**Year 2:**

- Personal/Trust Annual Review/KSF Year 2 (all trainees) *August/Sept Yr 2*
  
- Research Annual Review (RAR) *September Yr 2 / early October Yr 3*

**Year 3:**

- Nottinghamshire trainees Personal Review/KSF Year 3 *August/Sept Yr 3*
  
- Final tutorial/review offered to all trainees *September Yr 3*

**Nottinghamshire Trainees**

Once you have completed your trust annual review paperwork and agreed this with your personal tutor, the final document should be sent to dcpadmin@nottingham.ac.uk and a copy sent to your clinical tutor.
# Trent

Doctoral Training Programme in Clinical Psychology

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<th>Name:</th>
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<tr>
<td>Employing Trust:</td>
<td>University Base:</td>
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<tr>
<th>Lincoln Student ID:</th>
<th>Univ of Lincoln email address:</th>
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</thead>
<tbody>
<tr>
<td>Nottingham Student ID:</td>
<td>Univ of Nottingham Email address:</td>
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## Year 1 (Academic Year 16/17)

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<tr>
<th>Date</th>
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<th>Member of staff seen</th>
<th>Record sent</th>
<th>Tutorial</th>
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<td></td>
<td>Personal – Semester 1</td>
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<td>Group – Semester 1</td>
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<td>Group – Semester 2</td>
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<td>Annual Review with KSF – Year 1</td>
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<td>Research Annual Review – Year 1</td>
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<td>Additional:</td>
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## Year 2 (Academic Year 17/18)

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<td></td>
<td>Personal – Semester 1</td>
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<td>Personal – Semester 2</td>
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<td>Group – Semester 1</td>
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<td></td>
<td>Group – Semester 2</td>
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<td></td>
<td></td>
<td>Annual Review with KSF – Year 2</td>
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<td></td>
<td>Research Annual Review – Year 2</td>
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## Year 3 (Academic Year 18/19)

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<th>Record sent</th>
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<td>Personal – Semester 1</td>
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<td>Group – Semester 2</td>
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<td></td>
<td>Annual Review with KSF – Year 3</td>
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Trent
Doctoral Training Programme
in Clinical Psychology

Name:

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<th>Time spent</th>
<th>Member(s) of staff seen</th>
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Topics Covered

Structure this under the following headings if appropriate:

- General progress
- Academic work
- Placement / Clinical progress
- Research progress
- CPD / Other issues

Actions Agreed

Please complete and return to your tutor within 1 week of the meeting. Once agreed with your tutor please send to admin at your university base:

Nottingham - dcpadmin@nottingham.ac.uk OR Lincoln - jtomkins@lincoln.ac.uk

* bold as appropriate

Appendix F3 (1617) - Personal Tutorial Record Form
## Name:

<table>
<thead>
<tr>
<th>Date</th>
<th>Reviewer</th>
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### Competences Reflected in the Portfolio of Core Competences

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<tr>
<th>Actions Agreed</th>
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### Results of Assessed Work

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<tr>
<th>Actions Agreed</th>
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### Academic Programme

<table>
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<th>Actions Agreed</th>
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### Extra-Curricular Learning (eg conferences)

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### Workload and Time Management

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<th>Actions Agreed</th>
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### Personal Development and Reflection

(Refer to KSF dimensions or indicators below as appropriate).

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<th>Actions Agreed</th>
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### Review of previous year’s objectives (except year 1)

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<tr>
<th>Actions Agreed</th>
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### Objectives for the coming year

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<tr>
<th>Actions Agreed</th>
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NHS KSF Review

Please tick which is applicable:

<table>
<thead>
<tr>
<th>Foundation Gateway (end of Year 1)</th>
</tr>
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<tbody>
<tr>
<td><strong>Aiming for Full Outline (end of Year 2 or 3)</strong></td>
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</tbody>
</table>

The reviewer should indicate whether the trainee has Achieved (A) or is Working towards (W) the Foundation or full outline level in each KSF dimension. The areas of application and evidence of achievement will be the core competences in placements, academic programme and assessed work as summarised above.

The white boxes refer to the levels and indicators needed for the foundation gateway. Under the NHS Agenda for Change, failure to achieve the foundation level could mean that the trainee does not progress to the next increment of pay.

The italicized text highlighted in grey refers to the higher levels or additional indicators in the full outline that 2nd and 3rd years are working towards. Achievement of these does not directly affect pay progression, nor is it directly linked to passing the course.

<table>
<thead>
<tr>
<th>KSF Dimension</th>
<th>Level: Indicators</th>
<th>A/W</th>
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<tbody>
<tr>
<td><strong>Core 1. Communication</strong></td>
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<td></td>
</tr>
<tr>
<td>Foundation</td>
<td>2: abcde</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communicate with a range of people on a range of matters</td>
<td></td>
</tr>
<tr>
<td><strong>Core 1. Communication</strong></td>
<td></td>
<td>{3: abcdef}</td>
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<tr>
<td><strong>Full outline</strong></td>
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</tr>
<tr>
<td></td>
<td>Develop and maintain communication with people about difficult matters and/or in difficult situations</td>
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<tr>
<td><strong>Core 2. Personal and People Development</strong></td>
<td>2: abcde{f}</td>
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<tr>
<td></td>
<td>Develop own skills and knowledge and provide information to others to help their development</td>
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<tr>
<td><strong>Core 3. Health, Safety and Security</strong></td>
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<tr>
<td></td>
<td>Monitor and maintain health, safety and security of self and others</td>
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<tr>
<td><strong>Core 4. Service Improvement</strong></td>
<td>1: ab{cd}e</td>
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<tr>
<td></td>
<td>Make changes in own practice and offer suggestions for improving services</td>
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<tr>
<td><strong>Core 5. Quality</strong></td>
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<td>Foundation</td>
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<td>Maintain the quality of own work</td>
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<tr>
<td><strong>Core 5. Quality</strong></td>
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<td>{2: abcdef}</td>
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<tr>
<td><strong>Full outline</strong></td>
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<td>Maintain quality in own work and encourage others to do so</td>
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<tr>
<td><strong>Core 6. Equality and Diversity</strong></td>
<td>1: abcde</td>
<td></td>
</tr>
<tr>
<td>Foundation</td>
<td>Act in ways that support equality and value diversity</td>
<td></td>
</tr>
<tr>
<td><strong>Core 6. Equality and Diversity</strong></td>
<td></td>
<td>{2: abcd}</td>
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<tr>
<td><strong>Full outline</strong></td>
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<td></td>
<td>Support equality and value diversity</td>
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<tr>
<td>KSF Dimension</td>
<td>Level: Indicators</td>
<td>A/W</td>
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<tr>
<td><strong>Health and wellbeing 6. Assessment</strong></td>
<td>2: abcdefg Contribute to the assessment of physiological and psychological functioning</td>
<td></td>
</tr>
<tr>
<td>and treatment planning</td>
<td>Foundation</td>
<td></td>
</tr>
<tr>
<td><strong>Health and wellbeing 6. Assessment</strong></td>
<td>{3: abcdefg} Assess physiological and/or psychological functioning and develop, monitor and review related treatment plans</td>
<td></td>
</tr>
<tr>
<td>and treatment planning</td>
<td><strong>Full outline</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Health and wellbeing 7. Interventions</strong></td>
<td>2: abcdefg Contribute to planning delivering and monitoring interventions and/or treatments</td>
<td></td>
</tr>
<tr>
<td>and treatments</td>
<td>Foundation</td>
<td></td>
</tr>
<tr>
<td><strong>Health and wellbeing 7. Interventions</strong></td>
<td>{3: abcdefghi} Plan, deliver and evaluate interventions and/or treatments</td>
<td></td>
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<tr>
<td>and treatments</td>
<td><strong>Full outline</strong></td>
<td></td>
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<tr>
<td><strong>Information and Knowledge 2.</strong></td>
<td>2: abcdef Gather, analyse and report a limited range of data and information</td>
<td></td>
</tr>
<tr>
<td>Information collection and analysis</td>
<td>Foundation</td>
<td></td>
</tr>
<tr>
<td><strong>Information and Knowledge 2.</strong></td>
<td>{3: abcdefgh} Gather, analyse, interpret and present extensive and/or complex data and information</td>
<td></td>
</tr>
<tr>
<td>Information collection and analysis</td>
<td><strong>Full outline</strong></td>
<td></td>
</tr>
<tr>
<td><strong>General 1:</strong> Development and learning</td>
<td>1: abc Assist with learning and development activities</td>
<td></td>
</tr>
<tr>
<td>Foundation</td>
<td><strong>General 1:</strong> Development and learning</td>
<td></td>
</tr>
<tr>
<td><strong>Full outline</strong></td>
<td>{2: abcdef} Enable people to learn and develop</td>
<td></td>
</tr>
<tr>
<td><strong>General 2:</strong> Development and innovation</td>
<td>1: abc Appraise concepts, models, methods, practices, products and equipment developed by others</td>
<td></td>
</tr>
<tr>
<td>Foundation</td>
<td><strong>General 2:</strong> Development and innovation</td>
<td></td>
</tr>
<tr>
<td><strong>Full outline</strong></td>
<td>{2: abc} Contribute to developing, testing and reviewing new concepts, models, methods, practices, products and equipment</td>
<td></td>
</tr>
</tbody>
</table>

The individual indicators are as described in Department of Health KSF documents (http://www.dh.gov.uk) available separately.

<table>
<thead>
<tr>
<th>Signature of Trainee:</th>
<th>Date:</th>
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<table>
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<tr>
<th>Signature of Reviewer:</th>
<th>Date:</th>
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</table>
File Naming Conventions for Records of Tutorials & Annual Reviews

**Use reverse date (YYMMDD) so that files are listed in chronological order**

This makes it easier to scan through a list of files.
Feel free to add a more readable date at the end.

**Personal Tutorials**

Convention: *PersTut TraineeName YYMMDD AcademicTutorInitials (ddMMMyy)*.doc

A trainee meets with Rachel Sabin-Farrell for personal tutorials on 4th November 2016 and 13th January 2017 and would have 2 files, named as follows:

- PersTut SandyAttenborough 161104 RSF (4Nov16).doc
- PersTut SandyAttenborough 170113 RSF (13Jan17).doc

A trainee meets with John Smith (academic tutor role) for personal tutorials on 17th October 2016 and 9th January 2017 and would have 2 files, named as follows:

- PersTut JohnRiseholme 161017 JS (17Oct16).doc
- PersTut JohnRiseholme 170109 JS (9Jan17).doc

**Annual Reviews**

Convention: *AnnRev TraineeName YYMMDD AcademicTutorInitials (ddMMMyy)*.doc

A trainee meets with Rachel Sabin-Farrell on 4th August 2017 for an annual review and would have a file named as follows:

- AnnRev SandyAttenborough 170804 RSF (4Aug17).doc

**Group Tutorials**

Convention: *GroupTut TraineeInits TraineeInits TraineeInits TraineeInits YYMMDD TutorInitials (ddMMMyy)*.doc

A quad meets with Anna Tickle for a group tutorial on 9th January 2017 and would have a file named as follows:

- GroupTut AB CD EF GH 170109 AT (9Jan17).doc

For file naming convention for research supervision records, see Research Handbook.
Reflective Practice Groups (RPGs) – Personal Development Format

Reflective Practice Groups (RPGs) are a mandatory part of academic teaching on the Trent programme. They follow a number of different formats; one of these is the Personal Development Format, which occurs in years one and three. Groups in this format are less structured and the topics of discussion are often determined by their members rather than by the facilitators.

Personal Development Groups have two principal aims:

1) To offer trainees an opportunity of learning from personal experience. This style of learning is highly valued in some psychological approaches and not considered important in others. Similarly, some people enjoy this way of learning, while some prefer other methods. We think it important that trainees are personally familiar with this approach as part of a comprehensive training experience.

2) To offer trainees an opportunity to reflect on the interdependence of personal and professional development. Clinical Psychology training makes intense demands, not only intellectually and practically, but also emotionally and interpersonally. Successful completion of the Trent training programme requires resilience and the development of suitable self-care strategies. We think it important that trainees have a space to think individually and collectively about the impact that professional training has on their lives.

Personal Development Groups are not therapy groups as they are neither designed to address individual psychological problems nor aimed at promoting personal change. They can, however, facilitate insight and self-awareness; something which trainees may or may not find therapeutic.

Like other RPGs, Personal Development Groups are not assessed. Members would normally negotiate confidentiality and boundaries with the facilitators. The programme team does not expect any feedback from group facilitators, other than in the most general terms or in the rare event of there being serious concerns about risk.

While the culture of each particular group will be determined by the unique interactions between its members and the facilitator, there are some broad principles, which are aligned to trainees’ progression through the programme.

**Year 1**: regular sessions at the beginning of the first semester.

This Personal Development Group is intended to help members with the transition from their previous positions to the role of trainee on the programme. It aims to promote cohesion and mutual support within the year group and provides an opportunity to process any issues arising from the formation of PBL groups. It is facilitated within a broad humanistic or person-centred approach.

**Year 3**: regular sessions in the second semester.

This group is intended to help members in their development towards becoming independent practitioners. It aims to promote greater autonomy, differentiation and individuation, and is facilitated within a group analytic approach.
Personal Therapy for Trainees

Occasionally the question has been asked whether an experience of personal therapy is desirable for trainees and whether any financial help would be available for this. Although many psychologists will have some form of psychological therapy at some time in their lives, Clinical Psychology as a profession has not taken a clear stance towards this issue. The position of the Trent programme regarding personal therapy is as follows:

Two broad categories of personal therapy can be distinguished -
- therapy to help with current psychological difficulties or personal crises;
- therapy as part of training/CPD or for reasons of personal exploration or growth.

1) Psychologists (trainee or qualified) are no less likely than other people to experience depression, anxiety or other common mental health problems. Sometimes the stress of undertaking a demanding training can add to such difficulties, sometimes the problems we come across in our clients heighten our awareness of our own troubles. Therapeutic help is available from three sources:

   a) As a resident in the area covered by their Clinical Commissioning Group (CCG) trainees have access to all NHS resources (from primary care counselling to specialist tertiary services) commissioned by that CCG. These resources are accessed via the General Practitioner (GP).

   b) As employees of their Home Trust, trainees have access to their staff counselling scheme and to Occupational Health Services. Both of these can be accessed through the Clinical Tutor as line manager or directly, as a self-referral, if preferred.

   c) As registered students at either university trainees have access to student counselling services, which they can contact directly.

2) Some therapeutic models (for instance Cognitive Analytic Therapy or psychodynamic therapies) require personal therapy, congruent with the approach, as part of specialist training. Although providing the ability to implement therapeutic interventions based on knowledge and practice in CBT and at least one other evidence-based model of therapy, Clinical Psychology courses do not train to specialist levels of competency in any particular model; this is normally left to post-qualification training. Exceptionally, trainees may find themselves in a specialist third-year placement where personal therapy would enhance their learning experience.

Of course, self-awareness is a useful goal in itself, helping towards a stance as a reflective practitioner. To this end, the programme provides 12-session series of Reflective Practice Groups in a Personal Development format in years 1 and 3. These are facilitated in two different styles: person-centred in year 1 and group-analytic in year 3 (see Appendix F6).

The Trent programme does not provide experiences of personal therapy to promote personal development or growth. Trainees may undertake these at their own initiative and expense; however, it is worth considering the possible disadvantages. Personal therapy is a form of experiential learning and as such can be taxing and potentially stressful. Clinical Psychology training is demanding and may not be the right time to embark on a course of personal exploration which can confront us with aspects of ourselves that we may not have been aware of (and may prefer not to know about).
If trainees do decide that personal therapy is right for them, the question is how to find the right therapist. Individuals will probably know whether they have an affinity to a particular model, but finding the right person to work with is often more important. The BPS maintains its own register of psychologists specialising in psychotherapy and organisations such as the British Association for Counselling & Psychotherapy (BACP) and the United Kingdom Council for Psychotherapy (UKCP) publish registers and directories. It is probably wise to arrange an initial consultation with two or three different therapists before deciding on whom to contract with.
Appendix F8 (1617) - Study Leave F8 - 1 of 1

Study Leave Procedures

If you are applying for study leave that relates to research interests, this will need to be paid for out of your research budget and you must gain your research tutor’s approval before submitting a study leave form (see relevant section in the Research Handbook).

Please consult your placement supervisor(s) and your Senior Clinical Tutor about the appropriateness of the training event. You must get authorisation from your Senior Clinical Tutor before booking a place.

1. Nottinghamshire Healthcare NHS Trust (updated August 2012)
   1. Complete NHCT courses and conferences form and give to Louise for approval and signing. You can all access the forms from any trust site via the intranet.

2. Lincolnshire Partnership NHS Trust (updated August 2012)
   1. Complete the Study Leave form (available on Blackboard at Lincoln), attach details of the course and give to Sharron Smith, Senior Clinical Tutor, for approval and signing.
   2. Once signed, the application will be processed. You must make it clear on the form that you are intending to pay for the course yourself.
   3. All study leave (involving payment or otherwise) needs to be agreed by prior arrangement with the Senior Clinical Tutor. This includes attendance on training that is funded separately from the course.

3. Derbyshire Healthcare Foundation Trust (updated August 2012)
   1. Complete a DHCFT Study Leave form, and pass to Nick Moore for approval and signing, together with a copy of the flier or programme for the event. You can access the forms from the DHCFT intranet or get copies from your placement base.
STUDY LEAVE APPLICATION FORM
Please remember that ALL study leave should be authorised by your manager

Please use separate forms if more than one application is to be made

<table>
<thead>
<tr>
<th>Title of Event:</th>
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<tbody>
<tr>
<td>(Please attach details of the event)</td>
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<tr>
<th>Date of Event:</th>
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<tr>
<th>Location of Event:</th>
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<tr>
<th>Training/Conference Provider:</th>
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<table>
<thead>
<tr>
<th>Cost of Event (if applicable) £</th>
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</table>

Method of Payment (tick ✓ one option)

- No fee
- All costs, including travel & accommodation, paid by trainee
- Will pay and claim back through Research Budget (please attach authorised Order form for Research Expenses)
- Course providers to invoice the University through Research Budget - see Admin for invoicing details (please attach authorised Order form for Research Expenses)

<table>
<thead>
<tr>
<th>Name:</th>
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<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Trainee Clinical Psychologist</th>
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<tr>
<th>Address:</th>
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</table>

- School of Psychology (DClinPsy)
- College of Social Science
- University of Lincoln
- Brayford Pool, Lincoln, LN6 7TS

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<tr>
<th>Contact Telephone Number:</th>
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<th>Your Signature:</th>
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<th>Date:</th>
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<table>
<thead>
<tr>
<th>Your Manager’s Name</th>
<th>Your Manager’s Signature</th>
<th>Date</th>
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</thead>
</table>

Dr Sharron Smith

Please print, complete and return to Senior Clinical Tutor - Dr Sharron Smith - with all relevant paperwork (details of course/registration form, etc)
This form should be completed for all development activity (both programmes of study and conferences).

This form should **not** be used for applications for courses which form part of the Post-Basic Education contract with Nottingham University. Pro-formas have been sent to all General Managers to provide the Department with this information for recording purposes.

You will not be required to apply for mandatory training courses using this form but will be called for training by your manager at the appropriate time. The designated mandatory training courses are as follows:

**All staff**

- Therapeutic Management of Violence and Aggression
- Manual handling of patients and object
- Vulnerable Children’s issues
- Induction
- Fire safety

**Clinical staff**

- Basic Life Support and Advanced Life Support
- Food Hygiene (where appropriate)
- First Aid (where appropriate)
- Suicide awareness
- Care programme approach

**Application for Study Leave Process**

1. Obtain form SL 1 from your manager (or the intranet) plus an expenses form to claim re-imbursement of any approved expenses associated with your attendance at the event.

2. Complete form SL 1 with full details of the event and obtain your line manager's support and authorisation.

3. Arrange your training with the provider by making any necessary booking travel arrangements.

4. Take a copy of the completed form for your local records and then send the original form to:
   - Education, Training & Development Department
   - Duncan Macmillan House
   - Porchester Road
   - Mapperley
   - Nottingham, NG3 6AA
   - Tel: 0115 969 1300 Ext: 40605

5. Complete Part D (Evaluation form) within one month of completing course/conference and submit to the authorising manager.
**NOTIFICATION/APPLICATION FOR COURSES AND CONFERENCES**

**PART A** – to be completed by all applicants in BLOCK CAPITALS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Job Title</td>
<td></td>
</tr>
<tr>
<td>Department/base</td>
<td></td>
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<tr>
<td>Directorate</td>
<td></td>
</tr>
<tr>
<td>Work contact no.</td>
<td></td>
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</tbody>
</table>

**PART B** – to be completed for all training events/conferences

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Title of Event</td>
<td></td>
</tr>
<tr>
<td>Date(s) of Event</td>
<td></td>
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<tr>
<td>Location of Event</td>
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<tr>
<td>Training/Conference Provider</td>
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<tr>
<td>Cost of Training/Conference</td>
<td></td>
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<tr>
<td>Other costs (e.g. accommodation, travel)</td>
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<tr>
<td>Training/Conference Objectives</td>
<td></td>
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<tr>
<td>Benefits of attendance/training for the Department/Organisation</td>
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</tbody>
</table>
PART C – to be completed by the Authorised Manager

I confirm that the above application and all associated costs have been approved by me and that this training/conference is appropriate and relevant to this individual’s PAD.

Manager’s Signature

Manager’s Name
Dr Louise Braham

Budget Code

For Education, Training & Development use only.

Date recorded on database:
PART D - Evaluation Form

This section must be completed and returned to the authorising manager within one month of completing the course/conference.

Please detail below your evaluation of the event you have attended.
Mentoring guidelines for mentors

As part of our support mechanisms on the course, the Trent Doctoral Training Programme offers trainees the opportunity to discuss their training experience, and/or personal and professional development with a mentor. A mentor is a local Clinical Psychologist external to the course. The mentoring system provides trainees with a confidential space that is not associated with evaluation and assessment. The main aims and functions of the mentoring system are as follows:

Aims:

1. To help trainees reflect on their training experience, especially in regards to their personal and professional development. There are no specific guidelines for what needs to be covered and the content of any discussions will not be monitored by the course. It is up to the trainee to make the most of your support. Mentoring is optional but trainees will be encouraged to meet with you on a regular basis from the start of training. The aim is to develop a trusting relationship with someone external to the course to provide the trainee with a space for reflection and support at times when they may be reluctant to share their difficulties or worries with the course team.

2. The responsibility for contacting and meeting with you lies with the trainee; however, we ask that you provide support for the duration of the trainee’s training. The frequency and regularity of meetings is negotiated between you and the trainee and may vary over the three years of training depending on need.

3. You do not need to keep formal records of your meetings, and you will not be asked to feed back your confidential discussions. However, as with any meeting between professionals, should the trainee raise something that gives you the feeling that either they or someone else may be at risk you have a duty of care to report your concern to the relevant agencies. However, if you do need to raise an issue with a third party you should attempt to discuss this with the trainee first.

4. If you have concerns regarding fitness to practise, you have a professional responsibility to contact the trainee’s employer (normally their clinical tutor) and/or the HCPC (http://www.hcpc-uk.org/).

5. There is no expectation that you will read and give comments on a trainee’s academic work.

If things go wrong:

Although many working relationships have ruptures and repairs, there are occasions when relationships get stuck. In these cases, the first action should be to discuss this directly with the trainee. Learning to tackle difficulties and conflict is a part of training and developing negotiation skill and resolving issues are important professional skills. However, if you cannot find a resolution, despite your efforts, the personal tutor is available to mediate. If necessary, all steps will be put in place to help the trainee find an alternative mentor, and allocate you to a different trainee.
Mentoring guidelines for trainees

As part of our support mechanisms, the Trent Doctoral Training Programme offers trainees the opportunity to discuss their training experience and personal and professional development with a mentor. A mentor is a local Clinical Psychologist external to the course. The mentoring system is aimed at providing trainees with a confidential space that is not associated with evaluation and assessment. The main aims and functions of the mentoring system are as follows:

Aims:

1. To help you reflect on your training experience, especially with regard to your personal and professional development. There are no specific guidelines for what needs to be covered and the content of your discussions with your mentor will not be monitored by the course. It is up to you to make the most of their support. The arrangement is optional but you are encouraged to meet with your mentor on a regular basis from the start of your training. The aim is to develop a trusting relationship with someone external to the course who can offer support at times when you may be reluctant to share your difficulties or worries with the course team.

2. The responsibility in contacting and meeting with your mentor lies with you, however, the mentors are committed to provide you with their support for the duration of your training. The frequency and regularity of meetings is negotiated between you and the mentor and may vary over the three years of training depending on need.

3. We do not need you to keep formal records of your meetings but dates and times should be entered in your diary. Your mentor will not feedback your confidential discussions; however, as with any meeting between professionals, should you say something that leads your mentor to believe that you or someone else may be at risk, they may have a duty of care, to report that to the relevant agencies. However, this should be raised with you first.

4. If there are any concerns regarding your fitness to practise, the mentor also has a professional responsibility to contact your employer (clinical tutor) and/or the HCPC (http://www.hcpc-uk.org/).

5. Your mentor is not expected to read and give comments on your academic work.

If things go wrong:

Although many working relationships go through ruptures and repairs, there are occasions when relationships get stuck or are ruptured without the possibility of repair. In these cases, the first action should be to discuss this direction with the mentor. Learning to tackle difficulties and conflict is a part of training and developing negotiation skill and resolving issues are important professional skills. However, if you cannot find a resolution, despite your efforts, the personal tutor is available to mediate. If necessary, all steps will be put in place to help you find an alternative mentor, and allocate if appropriate the mentor to a different trainee.
How to make best use of trainee representation

Regular and detailed feedback from trainees is essential to maintaining the quality of teaching and learning on the Trent programme. Such feedback can be given either individually or collectively and either informally or formally:

**Informal** feedback is part of good communication between trainees and programme staff; it may be documented (for instance by tutorial records), but is not recorded for public dissemination and is personal and potentially confidential.

**Formal** feedback is part of the quality assurance mechanisms of the programme; it is formally recorded and publicly disseminated (for instance through minutes of committee meetings or the programme’s annual report) and is normally anonymous.

The different feedback mechanisms on the programme are detailed below:

<table>
<thead>
<tr>
<th>FEEDBACK</th>
<th>Informal</th>
<th>Formal</th>
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<tbody>
<tr>
<td>Individual</td>
<td>Personal Tutorials, Placement Meetings</td>
<td>Session evaluation forms, Placement evaluation forms</td>
</tr>
<tr>
<td>Collective</td>
<td>Group Tutorials, Semester feedback sessions, Annual lunchtime meetings</td>
<td>Trainee representation on the Course Training Committee and its subcommittees: (Academic Programme SC, Research SC, Selection SC and Supervisors SC)</td>
</tr>
</tbody>
</table>

Trainees from all years are represented within the formal committee structure (see appendix G1). While trainee reps attend in person, the feedback they provide is a summary of the views of their peers and does not normally identify individuals.

Trainee representation works best if committee reps do the following:

1) Familiarise themselves with the remit and terms of reference of their committee and the level of feedback that is appropriate (see below for a brief summary).

2) Seek the views of their colleagues on the matters relevant to the remit of the committee well in advance of a meeting

3) Present a summary of those views in a structured and ‘digested’ format

4) Provide feedback in writing in advance of a meeting, so that it can be distributed in advance

5) Notify the Chair in advance of important points that warrant an item on the agenda

6) Report the responses of the committee back to their colleagues, supported by the formal minutes

Trainee reps for all five committees should be elected or nominated at the beginning of each academic year by their year group. It is particularly helpful if reps on the subcommittees identify a deputy, in case they cannot attend a specific meeting. In that way most, if not all, trainees in each year group can take on a representative role during the programme, sharing the responsibility (and pleasure) evenly.
Remits and appropriate levels of feedback for each committee:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Remit</th>
<th>Level of feedback</th>
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</thead>
<tbody>
<tr>
<td><strong>Course Training Committee:</strong></td>
<td>Oversees the running of the programme, receives the annual report.</td>
<td><strong>Strategic:</strong> Programme culture, ethos, aims, objectives, structure and operation.</td>
</tr>
<tr>
<td><strong>Academic Programme SC:</strong></td>
<td>Reviews taught curriculum (including taught research modules), monitors teaching quality.</td>
<td><strong>General:</strong> Module content and relevance, appropriateness of assessments and feedback, overall quality of teaching and support.</td>
</tr>
<tr>
<td><strong>Research SC:</strong></td>
<td>Reviews research modules, monitors research governance.</td>
<td><strong>General:</strong> Approval procedures, facilities, overall quality of supervision, feedback and support.</td>
</tr>
<tr>
<td><strong>Selection SC:</strong></td>
<td>Reviews and implements shortlisting and selection procedures.</td>
<td><strong>General:</strong> Feedback from candidates to trainees, appropriateness of shortlisting and selection criteria.</td>
</tr>
<tr>
<td><strong>Supervisors SC:</strong></td>
<td>Reviews practice learning experience, monitors placement quality.</td>
<td><strong>General:</strong> Placement experience, availability and relevance; suitability of assessments and feedback, overall quality of supervision and support.</td>
</tr>
</tbody>
</table>

Formal specific feedback is gathered through session and placement evaluation forms, informal specific feedback through tutorials and meetings.
### Trent DClinPsy Course Committees

**Member lists incl Trainee Reps, Dates, Locations**  
24 August 2016

<table>
<thead>
<tr>
<th>Committee</th>
<th>Course Training Committee (CTC)</th>
<th>Academic Programme Subcommittee</th>
<th>Research Subcommittee</th>
<th>Selection Subcommittee</th>
<th>Supervisors Subcommittee</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Intake</td>
<td>Naomi Pye &amp; ANO</td>
<td>Van Stephanopoulos &amp; ANO</td>
<td>Emma Millard &amp; ANO</td>
<td>Mark Burdett &amp; Ruth Charig</td>
<td>Ruth Barrett-Naylor &amp; Georgina Capone</td>
</tr>
<tr>
<td>15 Intake</td>
<td>Saffron Morris &amp; Catherine Tyerman</td>
<td>Kate French &amp; Nicole Morris</td>
<td>Kimberley Webb &amp; Kristy Martin</td>
<td>Hannah Daniels &amp; Lucy Morris</td>
<td>Nicole Geach &amp; Brad English</td>
</tr>
<tr>
<td>16 Intake</td>
<td>TBA</td>
<td>TBA</td>
<td>TBA</td>
<td>TBA</td>
<td>TBA</td>
</tr>
</tbody>
</table>

**Next mtg**  
- **Friday 20 January 2017**, 2pm, Lincoln, venue TBA  
- **Friday 16 June 2017**, 10am at UoN, room B28, YANG Fujia

**Who**  
- One representative each from the three Partnership NHS Trusts (Graham Wilkes – DHCFT (Chair), Vacancy – NHCT, Graham Evans – LPFT. **Chair rotates biennially**
- Chair of RTAG (ex officio)
- Chair of the Trent Joint Management Committee (ex officio), rotating biennially (rep from one of the two universities, TBC)
- Programme Co-Directors
- Trainee Reps to contribute as outlined in the course handbook
- Clinical Tutors
- Chair of Supervisors Subcommittee
- Clinical Supervisor Reps (as agreed by the Chair of the Supervisors Subcommittee)
- Chair of the Trent Joint Management Committee to consult with Universities’ Quality Assurance Committees as required
- SUCAP representation
- Other programme staff may attend as co-opted members

**When**  
- Normally 3x per academic year.
- At least twice a year, ~ 8 wks after last handin date (normally March/April and July/August)
- At least twice a year (normally January and August)
- At least twice a year (normally February and May/June)
- At least twice a year (normally May and November).

**Current members**  
- Chair (from Jan 16 Graham Wilkes)  
- NHCT – Mike Day, DHCFT - Graham Wilkes, LPFT – Graham Evans  
- JMC chair – Tim Hodgson (UoJfL from Jan 2016) or David Daley (UoN)  
- TS MG  
- Chair of Supervisors SubC – Graham Evans  
- Clinical Supervisor reps (3) Trainee reps

**Committee**  
- Programme Co-Director (Academic & Research) (Chair)  
- Programme Co-Director (Clinical)  
- Academic Tutors  
- Research Tutors  
- Module Convenors  
- Module Advisors  
- Trainee Reps (one from each year)  
- SUCAP representation

**Committee**  
- Programme Co-Director (Academic & Research) (Chair)  
- Research Tutors  
- Clinical Tutors  
- Representative of Academic Staff based at University of Lincoln  
- Representative of Academic Staff based at University of Nottingham  
- Trainee Reps (two from each year)  
- SUCAP representation

**Committee**  
- 2 x Course Co-Directors – Co-Director acting as Admissions Tutors to chair meeting  
- Research Tutors  
- Clinical Tutors  
- Placement Supervisor Representatives (at least one from each employing authority)  
- Trainee representatives (two from 1st year; one from 2nd year; one from 3rd year)  
- SUCAP representation

**Committee**  
- Programme Co-Director (Clinical)  
- Clinical Tutors  
- Placement Supervisors: at least three representatives from each county (representing a range of placement types, locations, age and client groupings). Chair appointed from one of the supervisor representatives.  
- Trainee Reps (two from each year)  
- SUCAP representation

**NB**  
- Some details in this document are likely to change over the course of the year

**NB JMC**  
- on 20 Jan 2017, am at Lincoln
- on 28 Jul 2017, am at Lincoln - TBC

**Appendix G3 (1617) – Committees – members incl trainee reps dates**
Trainee email policy

The purpose of this policy is to ensure that the course and trainees are able to reliably communicate using email, and to enable trainees to access their work-related and personal emails independently.

By registering at University of Lincoln and University of Nottingham, trainees are agreeing to use university email addresses for communication. The programme will only use university email addresses.

1. When applying for the course, trainees may supply a personal or work email address of their choice. Course staff may use this to contact prospective trainees, but only until they are accepted and registered on the course.

2. On starting the course all trainees will enrol with, and get official email usernames/passwords at, both Lincoln and Nottingham Universities. This is necessary so they can access facilities at and receive information from the programme team and services (e.g. libraries) at both universities.

3. Both universities enable email to be accessed away from their campuses (e.g. at home or on placement) using internet web-browsers. Currently, Microsoft Outlook is available on the web at both universities; use the following addresses:
   http://email.lincoln.ac.uk
   http://email.nottingham.ac.uk

   More details are available on the websites
   www.lincoln.ac.uk/home/campuslife/itservices/
   www.nottingham.ac.uk/it-services/index.aspx

   Help is available from the IT departments at each university.
   University of Lincoln
   ICT Team 01522 886 500 (internal 6500)
   University of Nottingham
   IT Service Desk 0115 951 6677 (internal 16677)

4. Once a new cohort of trainees is registered, course administrators will create a list for this cohort. This will contain a single primary email address for each trainee, which will be the full external email at their “awarding” university (e.g. 13456789@students.lincoln.ac.uk or lwabc1@nottingham.ac.uk).

5. Following registration, one of the course administrators will email all current trainees, using the distribution list for the cohort, cc: all staff, bcc (blind cc): trainees’ personal email addresses. The email will include this policy and ask for confirmation that the email has been received.

6. On receipt of this email, staff and trainees can create their own distribution list so they can use it in future.

7. Each new trainee must log on to their new email system and reply to the above email to confirm they can successfully access their primary email. Course administrators will follow up and inform personal tutors, if any trainee has not confirmed receipt of this email within two days.

8. All course staff should use a trainee’s primary email address for all further email correspondence after this time. Personal email addresses will only be used in exceptional circumstances.
9. When emailing members of staff, or sending other emails related to their training or research, trainees should send from their university email system above so that any reply will automatically go to their primary university email.

10. Trainees should normally check their primary university email at least once each work-day (including placement, study and research days).

11. Trainees should check their secondary university email frequently (eg weekly) to check for mail which has been sent to this address
   a. automatically from sources other than the course
   b. from automated systems related to modules hosted at one or other university
   c. in error (It may be possible for trainees to set up a “rule” to forward all email from their secondary to their primary email address, but it is the responsibility of trainees to ensure that this is working and they are not missing important emails).

12. In the event that trainees are unable to access their primary university email for more than 36 hours they must inform one of the course administrators, and endeavour to resolve the problem as soon as possible, with support from the relevant IT department if appropriate.

Trent DClinPsy
Updated August 2016

Additional note re Office 365 and Clutter feature

If using Office 365, please check the Clutter folder in Outlook as there have been some issues with emails being identified as “clutter” (junk) and being automatically directed to the Clutter folder.
https://support.office.com/en-us/article/Use-Clutter-to-sort-low-priority-messages-in-Outlook-2016-for-Windows-7b50c5db-7704-4e55-8a1b-dfc7bf1eafa0
Instructions for Blackboard at University of Lincoln

Blackboard Information

Blackboard is the University's Virtual Learning Environment (VLE). You can log on using your normal network username and password. Begin by clicking on the Courses tab. You will find a site on Blackboard for every module (or unit) that makes up your award. You can also access Blackboard directly at http://blackboard.lincoln.ac.uk.

‼ If using an app for Blackboard on a phone or tablet, PLEASE CHECK THAT YOU CAN SEE EXACTLY THE SAME INFORMATION AS YOU CAN SEE ON A COMPUTER – some apps do not display all information.

Blackboard Helpdesk

If you are having problems with Blackboard, contact the ICT Team.

- ☎️ - 01522 886 500 (24/7)
- Web - support.lincoln.ac.uk
- 📧 - helpdesk@lincoln.ac.uk

Judith Tompkins, DClinPsy Admin Officer
School of Psychology (DClinPsy), Brayford Pool, Lincoln, LN6 7TS
☎️ 01522 886 029
📧 jtompkins@lincoln.ac.uk
Blackboard - DClinPsy

Blackboard 2016/2017

My Sites

CLIPSYTD: Doctorate in Clinical Psychology - 1617
- Announcements
- Committees & Terms of Reference (ToR)
- CTs’ updates
- Forms
- Hand-in Procedures
- Maps, directions
- Minutes
- Operational calendar
- Placement information
- Plagiarism
- Programme Handbooks
- Regulations
- Research Information
- Thesis Library
- Timetables

Each module for your year is listed e.g

PSY9189M-1617: Professional Skills - 1617
- Announcements
- About
- Staff details
- Discussion Board
- Learning Materials
- Assessments - submission dropboxes
- Module Guidelines
Instructions for Moodle at University of Nottingham

Moodle Information

DClinPsy materials are available to trainees in Moodle areas.

There is an area for all teaching materials, handbook, timetables, trust info, etc. Then there are separate areas for each intake where the dropboxes for electronic submission are located.

Moodle is available at [http://moodle.nottingham.ac.uk](http://moodle.nottingham.ac.uk). You can log on using your normal network username and password. There are links, information and help.

For queries, relating to where documents are stored, please contact the Nottingham admin team.

For any further help and guidance, please contact the IT Service Desk.

‼ If using an app for Moodle on a phone or tablet, PLEASE CHECK THAT YOU CAN SEE EXACTLY THE SAME INFORMATION AS YOU CAN SEE ON A COMPUTER – some apps do not display all information.

Support Details

If you are having problems, contact IT Service Desk

- ☎ - 0115 951 6677  (24/7 - university staff 08.00 - 18.00, 7 days a week (except for UK public holidays and university closure days)); out of hours service rest of time)
- Web - [http://selfservice.nottingham.ac.uk](http://selfservice.nottingham.ac.uk)
- ✉ - itservicedesk@nottingham.ac.uk

Sheila Templer, DCLinPsy Course Administrator,
Division of Psychiatry & Applied Psychology, YANG Fujia Building, B Floor, Jubilee Campus, Wollaton Road, Nottingham NG8 1BB
☎ 0115 846 6646
✉ sheila.templer@nottingham.ac.uk
Moodle – DClinPsy

Main Course Area – Programme Handbook, Teaching Materials, & much more

Doctorate in Clinical Psychology

- Programme Handbook, Year Planner, Teaching Timetables
- Placements & Trust Information
  o paperwork
  o Case study guidelines: eg FPA, FPB
  o Clinical Tutor Updates
- Research Materials (incl Research Handbook)
  o Information for all research
  o Ethics
  o SSRI
  o Additional Learning Resources
- 16 Intake – Taught Modules
  o Module Handbooks & Timetables
  o Assignment Guidelines
  o Teaching materials but only for modules taught at Nottingham – 16/17: ICI & RDE; 17/18: ISO; and 18/19: SOS.
- 15 Intake – Taught Modules
  o Module Handbooks & Timetables
  o Assignment Guidelines
  o Teaching materials but only for modules taught at Nottingham – 15/16: ICI & RDE; 16/17: ISO; and 17/18: SOS.
- 14 Intake – Taught Modules
  o Module Handbooks & Timetables
  o Assignment Guidelines
  o Teaching materials but only for modules taught at Nottingham – 14/15: ICI & RDE; 15/16: ISO; and 16/17: SOS.

Cohort Areas with cohort-specific info and dropboxes (including dropboxes for resits)

Doctorate in Clinical Psychology 2016 Cohort
- Submission Dropboxes, eg RDE, ICI, FPB

Doctorate in Clinical Psychology 2015 Cohort
- Submission Dropboxes, eg ISO

Doctorate in Clinical Psychology 2014 Cohort
- Submission Dropboxes, eg SOS, TYP F/S (if nec), RPV
University student sickness notification form

You must fill in this form and email it to Lincoln admin AND Nottingham admin AND your clinical tutor on your return to work after an illness/absence which prevented you from working/studying.

Refer to the DClinPsy Handbook for information on the sickness reporting procedure for your employing trust.

Full Name: ___________________________

University enrolment No UofL: ___________________________

UofN: ___________________________

First day of illness: ___________________________

On what day were you fit to study/work: ___________________________

On what day did you actually return to study/work: ___________________________

Reason for illness: (a description such as sick/poorly does not provide adequate detail)

________________________________________

Signed: ___________________________ Date: ___________________________

Email to Judith AND Sheila AND your Clinical Tutor

Please tick if signed on behalf of the student ☐

For office use only:

Date received: ___________________________

Received by:

Clinical tutor advised ☐

Lincoln / Nottingham admin advised ☐

Records updated ☐
## University change of personal details form

**Email completed form to Judith AND Sheila**  
*Remember to inform your employing trust as well*

<table>
<thead>
<tr>
<th>Full Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Change</td>
<td></td>
</tr>
<tr>
<td>University Enrolment No:</td>
<td>UofL:</td>
</tr>
<tr>
<td></td>
<td>UofN:</td>
</tr>
</tbody>
</table>

### Name Change

*If you wish to change your name, take documentary evidence e.g. marriage certificate or deed poll to the relevant department: Student Support at UofL, Student Services at UofN*

| New First Name(s): |  |
| New Surname(s): |  |

### Address Change

<table>
<thead>
<tr>
<th>Old Address:</th>
<th>New Address:</th>
</tr>
</thead>
</table>

### Telephone Number Change:

**Home/Mobile**: (*delete as appropriate)*

<table>
<thead>
<tr>
<th>Old Number:</th>
<th>New Number:</th>
</tr>
</thead>
</table>

### Personal Email Change

<table>
<thead>
<tr>
<th>Old:</th>
<th>New:</th>
</tr>
</thead>
</table>

I have updated my details on the:

- **Nottingham Portal** under the **Me Tab.**  
  Please tick box  
  ☐
- **Lincoln Blackboard** under the **My University** Tab.  
  Please tick box  
  ☐

**Signed:**  
**Dated:**

---

**For office use only:**

<table>
<thead>
<tr>
<th>Date received:</th>
<th>Received by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Conf’d on QLS/Saturn  
- Admin contacts list updated  
- Copy of change form in personnel file  
- Clinical tutor advised  
- UoL/UoN admin advised  

---

Appendix G7 (1617) - University change of personal details form
INTERNET USE & SOCIAL MEDIA

Issues

Employers and professional bodies are increasingly concerned about the internet and health care workers’ use and abuse of this technology. Many employers now ban social network sites being used in the workplace. This briefing is a reminder to trainees of the risks to which they can expose themselves online and ways they can protect themselves.

Because electronic communications are not necessarily private, going online to describe situations or people encountered at work is potentially hazardous. The laws concerning confidentiality, defamation and harassment continue to apply irrespective of your means of communication. Even actions taken outside of work can be concerning to employers and professional bodies if you are seen to compromise reputations through your behaviour.

Social network sites raise particular concerns about privacy. For example, Facebook’s privacy policy specifically notes they “cannot and do not guarantee that User Content you post on the Site will not be viewed by unauthorised persons”. Additionally, even ‘private’ messages sent in apparent confidence may be shared by the recipient. Regardless of how good your relationship is with an individual when a message is sent, consider the possibility that their future allegiances may change.

In addition to social networking sites, there are a number of online forums used by clinical psychologists, therapists and other professionals. Some individuals use these forums to seek advice on clinical work. Please be aware that any information you share on such forums is visible to many individuals unknown to you in the forum. In addition, these forum posts can at times be accessed by non-forum members, for example, by individuals who Google your name. While it is acceptable to use forums to share information and seek advice, you must not share any information about clients, even if heavily anonymised or to set the context for advice.

Through inappropriate use of the internet you may:

- breach your organisation’s internet policy.
- breach your organisation’s harassment policy.
- damage your employer’s reputation so as to breach your employment contract, leading to disciplinary action and potential dismissal.
- damage your own reputation and that of your profession, leading to accusations of professional misconduct and possible loss of your registration.

Guidance

HPC in Focus, issue 35, April 2011 summarises guidance, see http://www.hcpc-uk.org/publications/newsletter/.

Fuller information is contained in the HCPC Standards of conduct, performance & ethics, see http://www.hcpc-uk.org/publications/standards/.

When using the internet remember the following do’s and don’ts:

DO
- Do read and comply with your employer’s policy on IT use in the workplace.
- Do observe your employer’s bullying, harassment and dignity policies when writing emails to colleagues.
- Do consult the HCPC Standards of conduct, performance & ethics see www.hcpc-uk.org.uk/aboutregistration/standards/standardsofconductperformanceandethics/index.asp
DO / contd

- Do remember clients might look for you online and even innocuous information could feel exposing if you assumed it was just part of your personal life.
- Do consider ‘Am I happy for anyone and everyone, particularly employers, supervisors and clients to know this about me?’
- Do question ‘Am I using language that is in any way discriminatory or disparaging?’
- Do ask yourself ‘Could what I am saying damage my personal or professional reputation now or in the future?’
- Do remember friends of friends in social networks can access information about you and the world of Clinical Psychology is particularly small.
- Do use privacy settings on social network sites to control information available to people who search for you and to manage access to your profile details.
- Do think about how you might manage requests from work colleagues to be friends on a social network and the impact this might have on your professional relationships.
- Do consider which groups you join in social networks and how these groups might develop over time – for example a pro-child protection group could develop into a space where people share sadistic fantasies about punishing child sex offenders.
- Do explain to friends your need to maintain a good professional reputation and request (or beg!) they don’t upload compromising information or photographs involving you.
- Do talk to your supervisor if a client requests your friendship on a social network as accepting is likely to be unethical and simply ignoring the request could damage your therapeutic relationship. You might decide to discuss it in person and/or send a brief message explaining that you are guided by a professional Code of Ethics and Conduct that makes it inappropriate for you to accept their request.

DON’T

- Don’t make disparaging remarks about your organisation, its clients or fellow employees.
- Don’t identify your employer on your profile page of social networks.
- Don’t air grievances online or make remarks that might embarrass your employer.
- Don’t use social networks or any other non-work related websites when you are supposed to be working.
- Don’t identify clients online or post any information or photographs that could compromise confidentiality.
- Don’t post sexually explicit, racially offensive, homophobic or other unlawfully discriminatory remarks online.
- Don’t respond in haste to emails that have led you to feel angry or upset.
- Don’t send emails to ‘All Users’ when criticising colleagues or procedures at work.
- Don’t confuse professional boundaries by inviting current supervisors to be your friend on a social network.
- Don’t make controversial comments about any organisation, product, service or individual that you wouldn’t be comfortable to make in a published magazine.

See also the university policies for students at
www.lincoln.ac.uk/home/abouttheuniversity/governance/regulationspolicies/studentcharter/
www.nottingham.ac.uk/governance/otherregulations/index.aspx
The geographical area covered by the Trent Programme is outline in black on the map below. Placements are generally within your home trust (so either in Derbyshire, Nottinghamshire or Lincolnshire) but you should expect to do at least one placement out of your home Trust and this may be in any part of the geographical area covered by the Programme.

Rough travelling times are as follows:

From Nottingham:
- to Lincoln – 90 minutes
- to Newark - 45 minutes
- to Grantham – 50 minutes

From Derby:
- to Nottingham – 40 minutes
- to Chesterfield – 45 minutes
- to Buxton – 50 minutes

From Lincoln:
- to Grantham – 50 minutes
- to Boston – 50 minutes
- to Newark – 30 minutes
Brayford campus by zone

Bicycle Parking
Residents' Bicycle Parking
Bicycle Lockers
Shower & Changing Facilities

Cycle Path
Shared Surface
Access LN6 Hire Bikes
Recycling Points

estates.lincoln.ac.uk/cycling

Alternative routes over railway
Accessible
Involves stairs

You
Chaplaincy at
Witham House

Updated July 2016

Updated May 2016
FOR JUBILEE / UNIVERSITY PARK CAMPUS
HOPPER BUS TIMETABLE SEE UNIVERSITY OF
NOTTINGHAM WEBSITE

http://www.nottingham.ac.uk/about/visitorinformation/busservices.aspx

Please note, there will be no hopper bus service on days when the university is closed:

**Christmas 2016**
Friday 23 December 2016 to Monday 2 January 2017

**Easter 2017**
Friday 14 April to Tuesday 18 April 2017

**Early Spring 2017**
Monday 1 May 2017

**Late Spring 2017**
Monday 29 May 2017

**Late Summer 2017**
Monday 28 August 2017
## Apparbox H5 (1617) - Jubliee Hopper bus info
**H5 – 2 of 2**

### Monday to Friday - Term Time

<table>
<thead>
<tr>
<th>Location</th>
<th>Departure</th>
<th>Arrival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jubilee Campus, The Exchange</td>
<td>8:06</td>
<td>8:45</td>
</tr>
<tr>
<td>George Green Library</td>
<td>8:16</td>
<td>8:50</td>
</tr>
<tr>
<td>Library Road</td>
<td>8:12</td>
<td>8:52</td>
</tr>
<tr>
<td>History</td>
<td>8:16</td>
<td>8:56</td>
</tr>
<tr>
<td>Rutland Hall</td>
<td>8:17</td>
<td>8:57</td>
</tr>
<tr>
<td>Derby Hall</td>
<td>8:18</td>
<td>8:58</td>
</tr>
<tr>
<td>Lonron and Worlsey Hall</td>
<td>8:19</td>
<td>8:59</td>
</tr>
<tr>
<td>George Green Library</td>
<td>8:20</td>
<td>9:00</td>
</tr>
<tr>
<td>Portland Hill</td>
<td>8:21</td>
<td>9:01</td>
</tr>
<tr>
<td>East Drive (airport)</td>
<td>8:22</td>
<td>9:02</td>
</tr>
<tr>
<td>East Drive (depart)</td>
<td>8:26</td>
<td>9:11</td>
</tr>
<tr>
<td>Arts Centre</td>
<td>8:27</td>
<td>9:12</td>
</tr>
<tr>
<td>Jubilee Campus, Gatehouse Lodge</td>
<td>8:31</td>
<td>9:16</td>
</tr>
<tr>
<td>Jubilee Campus, Triumph Road</td>
<td>8:32</td>
<td>9:17</td>
</tr>
<tr>
<td>Jubilee Campus, Newhall Hotel</td>
<td>8:34</td>
<td>9:19</td>
</tr>
<tr>
<td>Jubilee Campus, The Exchange</td>
<td>8:36</td>
<td>9:21</td>
</tr>
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</table>

### Monday to Friday - Out of Term Time

<table>
<thead>
<tr>
<th>Location</th>
<th>Departure</th>
<th>Arrival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jubilee Campus, The Exchange</td>
<td>8:16</td>
<td>8:50</td>
</tr>
<tr>
<td>George Green Library</td>
<td>8:20</td>
<td>8:54</td>
</tr>
<tr>
<td>Library Road</td>
<td>8:24</td>
<td>8:58</td>
</tr>
<tr>
<td>History</td>
<td>8:26</td>
<td>9:00</td>
</tr>
<tr>
<td>Rutland Hall</td>
<td>8:27</td>
<td>9:02</td>
</tr>
<tr>
<td>Derby Hall</td>
<td>8:28</td>
<td>9:04</td>
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<tr>
<td>Lonron and Worlsey Hall</td>
<td>8:30</td>
<td>9:06</td>
</tr>
<tr>
<td>Jubilee Campus, Gatehouse Lodge</td>
<td>8:34</td>
<td>9:10</td>
</tr>
<tr>
<td>Jubilee Campus, Triumph Road</td>
<td>8:36</td>
<td>9:12</td>
</tr>
<tr>
<td>Jubilee Campus, Newhall Hotel</td>
<td>8:38</td>
<td>9:14</td>
</tr>
<tr>
<td>Jubilee Campus, The Exchange</td>
<td>8:40</td>
<td>9:16</td>
</tr>
</tbody>
</table>

### Saturday - Term Time

<table>
<thead>
<tr>
<th>Location</th>
<th>Departure</th>
<th>Arrival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jubilee Campus, The Exchange</td>
<td>9:15</td>
<td>9:45</td>
</tr>
<tr>
<td>George Green Library</td>
<td>9:20</td>
<td>9:50</td>
</tr>
<tr>
<td>Library Road</td>
<td>9:24</td>
<td>9:54</td>
</tr>
<tr>
<td>History</td>
<td>9:26</td>
<td>9:56</td>
</tr>
<tr>
<td>Rutland Hall</td>
<td>9:27</td>
<td>9:57</td>
</tr>
<tr>
<td>Derby Hall</td>
<td>9:28</td>
<td>9:58</td>
</tr>
<tr>
<td>Lonron and Worlsey Hall</td>
<td>9:30</td>
<td>9:59</td>
</tr>
<tr>
<td>Jubilee Campus, Gatehouse Lodge</td>
<td>9:34</td>
<td>10:06</td>
</tr>
<tr>
<td>Jubilee Campus, Triumph Road</td>
<td>9:36</td>
<td>10:09</td>
</tr>
</tbody>
</table>

### Saturday - No service on


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The free buses from campus to campus run from 22 September 2016.
UNIVERSITY OF LINCOLN CAR PARKING POLICY SUMMARY

During the hours of 0600 and 1630hrs Monday to Friday, only staff and authorised visitors have access to the car parks.

During the hours of 1630 hrs and 0300 hrs Monday to Friday and 0600 hrs to 0300 hrs weekends, the car parks will remain accessible for University staff and authorised visitors but also students (with a student permit) and the general public (with a pay and display sticker).

No vehicles will be permitted to park on campus between the hours of 0300 and 0600 hrs on any given day, without prior written approval obtained from the Estate Services Department.

The University does not, at any time, guarantee the availability of parking spaces to staff, students or visitors. The University car parks will continue to operate on a first come first served basis.

Staff Permits
Staff permits will continue to be issued by the Estates and Commercial Facilities Department however, these will not be free of charge from 1st September 2010. Charges will be based on salary bandings with a discount for staff 0.5fte or below. The charges are set out below and the University will operate a salary sacrifice system through the payroll department.

<table>
<thead>
<tr>
<th>Band</th>
<th>Full Rate Annual</th>
<th>Full Rate Monthly</th>
<th>Half Rate Annual</th>
<th>Half Rate Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2, 3 &amp; 4</td>
<td>£48</td>
<td>£4</td>
<td>£24</td>
<td>£2</td>
</tr>
<tr>
<td>Grade 5, 6 &amp; 7</td>
<td>£72</td>
<td>£6</td>
<td>£36</td>
<td>£3</td>
</tr>
<tr>
<td>Grade 8 &amp; 9</td>
<td>£108</td>
<td>£9</td>
<td>£54</td>
<td>£4.50</td>
</tr>
<tr>
<td>Grade 10 &amp; above</td>
<td>£144</td>
<td>£12</td>
<td>£72</td>
<td>£6</td>
</tr>
</tbody>
</table>

There will be scratchcards available for temporary staff, occasional users and staff not on the University payroll. These will be available at a cost of £1 per day, in books of 10, from University retail outlets.

Visitors
All visitors must be pre-booked through the Estates Services Department/security office. These visitors will be provided with a visitor parking permit and will continue to be able to park on campus at no additional charge.

Students (excl Riseholme)
Students will be able to apply for permits from the Estates and Commercial Facilities department. These will only be for use between 1630 and 0300hrs Monday to Friday and 0600 to 0300 weekends. Permits will be available free of charge.

Students (Riseholme only)
Riseholme students will be able to apply for Riseholme student permits from the Estates and Commercial Facilities department. These permit holders are able to park at Riseholme campus between 0700hrs and 2200hrs Monday to Friday. Riseholme residential student permit holders will be allowed to park overnight in the designated car park. Permits will continue to be available free of charge.

General Public
The general public will continue to be allowed access to University car parks between 1630 and 0300hrs Monday to Friday and 0600 to 0300hrs at weekends. There will now be a charge for the general public parking on the Brayford campus and this will be levied via pay and display parking meters in the Boulevard car park.

Deliveries
Drop off delivery vehicles are excluded from this policy provided that they are delivering goods to the University previously ordered.

Contractors
Car parking for contractors engaged by UL is not guaranteed. Contractors who require parking on UL premises whilst they carry out work will need to contact the Estates Services Department or security office.

Motor Cycles
Motor cycles are subject to the car parking policy although they do not require a parking permit.

Disabled Persons
Disabled persons are identified as those who hold a valid blue badge. Disabled badge holders will require a parking permit and will be charged at the above rates.
UNIVERSITY OF NOTTINGHAM PARKING INFORMATION

Charges for staff and associate parking were introduced on 1st September 2011.
http://www.nottingham.ac.uk/estates/security/carparking/home.aspx

Parking Permits can be issued by Security Services to applicants who meet the following criteria...

Staff: All staff on the UofN Payroll who have a contract of employment from Human Resources are eligible for a Staff Car Parking Permit or Vouchers. If you are not directly employed by the University of Nottingham and are not a student at the University then you need to apply for an Associate permit.

Associates: Associate Parking Permits (and Vouchers) are for staff that work at the University or on a University site, but are not on the University of Nottingham main payroll.

Students: Students are only eligible for an Orange Zone permit. Students who live in Halls of Residence or have a term time address within a radius of 15 miles of University Park are NOT eligible for a concessionary permit. Please check the website for details of criteria allowing a concessionary student permit and refer to the traffic regulations. Students with an Orange Zone permit are only permitted to park in the Orange Zone areas. Please check campus maps.

 Visitors: If visiting one of our campuses temporarily you may park in one of the Pay & Display parking spaces or a disabled parking space (should you have the suitable documentation), as detailed on our campus maps to the right of this page. Where a visitor is going to be on the Campus for a period of time and does not qualify under the terms 'staff or student' then they can be issued with a Visitor Permit.

Contractors: Download and complete the form below and have a manager within the Estate Office authorise the application.

Please note...

All applicants for permits must hold a full valid driving licence, a current insurance certificate for the vehicle and an MOT certificate if applicable. Also, if you have a permit and you have changed your vehicle please either complete a new form and send it to the Security Office (rear of the Hallward Library, University Park) or take your old permit in to the office and have a new permit issued.