

Information & Guidelines for Placement Supervisors

For supervisors of Clinical Psychologists in training from the Doctorate in Clinical Psychology at the University of Bath

(Updated August 2023)

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Introduction

Thank you for working in collaboration with the University of Bath in providing a Doctorate in Clinical Psychology Trainee with a clinical practice placement. This is an essential and extremely important experience for them. We very much hope that this will be a successful experience for all. Please do not hesitate to contact the programme team at any stage should you require information or assistance.

This handbook provides a brief overview of the expectations of a practice placement, the role of the clinical supervisor and some of the relevant documentation. Additional information is available on the programme website (<http://www.bath.ac.uk/psychology/clinical>), and on the [Course: Doctorate in Clinical Psychology: Placement Information](#) (bath.ac.uk) Page on Moodle (access granted by admin via email). It is also in the Key Placement Documents which accompany this handbook and as part of the online supervisor resources (see Appendix 5).

The Doctorate in Clinical Psychology is a three-year programme during which trainees must spend a minimum of 50% of their time in supervised clinical practice. Trainees typically complete six, 6-month practice placements which cover the main areas of clinical specialism and equip them to work with people across the lifespan. During training years 1 and 2 these comprise experience of working with populations and issues relating to:

- Adults of Working Age
- Older Adults (& issues of Later Life)
- People with Intellectual Disability and Neurodevelopmental Disorders
- Children, Adolescents, Young People

In the final year of training, trainees ordinarily complete two elective placements, which may often include a Clinical Health setting and another area of special interest, or these may be used to supplement the core placements.

During each placement, the trainees are placed with a primary supervisor who is responsible for developing and implementing the placement contract. The **primary supervisor** is ideally a Clinical Psychologist who is at least **two years post-qualification**,

registered with the Health Care Professions Council and who **has attended the relevant supervisory training/workshops** run by the DClin Course at Bath. However, primary supervisors may be 18 months qualified, if supported by a more experienced supervisor in delivering the placement.

It is possible for placement supervisors to be other appropriately qualified and experienced chartered psychologists or suitably qualified and experienced members of another core profession. Psychologists providing supervision to trainees must be registered with the Health and Care Professions Council.

Members of other professions who are providing supervision to trainees should be registered with an appropriate professional or statutory body governed by a code of ethics with accreditation processes and established disciplinary procedures. If the primary supervisor is not a clinical psychologist, then the trainee must have the opportunity to meet regularly with a clinical psychologist during placement. This could be a clinical psychologist on placement or within the Programme Team (e.g. the clinical tutor), providing oversight of the placement.

Trainee Clinical Psychologists at the University of Bath are employed by Somerset Foundation NHS Trust, subject to the same protections and regulations as other health professions with this employment status.

The award of Doctorate in Clinical Psychology from the University of Bath is dependent on successful completion of all evaluated and examined components of the programme including case studies, clinical placements, research project, literature review and service-related research project. Only 2 attempts are permitted for assessments, with the specific exception of the two main research proposals, where a third submission is allowed. Failing of any written component (after a second attempt) or of any two (based on 6-month placements) clinical placements will result in a failure of the entire programme.

Our aim as a programme team is to work with trainees and placement supervisors to help our graduates become Clinical Psychologists who not only achieve the competencies and skills required by their professional status, but who also make an active and thoughtful contribution to the health service workforce and are well placed to continue with their professional development once qualified.

Role of the Supervisor

Induction and Arrival at the Placement

- The trainee **must have** an induction to each new practice placement / clinical service(s) where they will be based. A checklist of induction issues to discuss is provided ([appendix 1: Induction checklist](#)) although this may not be exhaustive.
- Trainees need guidance about **background reading** that will be of use in their placement work and any available lectures or seminars they may attend.
- At the start of each placement, the trainee and supervisor should **develop the written contract** detailing experiences to be gained and the general aims of the placement ([appendix 2: guidelines for the preparation of placement contracts](#)).
- The placement contract should also **formalise the supervisory relationship** according to the minimum standards for clinical supervision ([appendix 3](#)).
- Online mandatory training activities completed at the start of DClin training programme include: Information Governance, Equality & Diversity, Major Incidents, Fire, Safeguarding Children, Safeguarding Vulnerable Adults, Counter Fraud, Conflict Resolution, Waste Management, Risk and Moving & Handling. Supervisors should ensure trainees have completed child protection Levels 1 and 2 as appropriate for their Trust (e.g. via e-learning). Additional training specific to and required for your particular clinical area should be planned as part of the placement activity (e.g. child protection Level 3).
- Trainees are **NOT** permitted to provide car lifts to service users.
- Practice placements are supported by **service level agreements** between the University and the providing organisation.

Observation and Skills Teaching

Placements offer an unparalleled opportunity to learn and practice clinical skills. The availability of observational experiences on placement, both of observing and being

observed with feedback, should be maximised. Observations can be conducted 'live' in session or via recorded (preferably video recorded) sessions.

In terms of **minimum requirements** these are as follows:

- *Trainees* will complete **two structured observations of their supervisor** to help them in noticing and documenting specific clinical skills.
- *Supervisors* will complete **two informal observations of trainees early in their placements**. These observations can be a useful and structured way to orient the trainee to the service and way of working and gain supportive formative feedback in a less pressured format.
- *Supervisors* will also complete **two formal, structured observations of trainees**. These should be completed using a '**Direct Assessment of Clinical Competence**' (**DACC**) tool, ideally via a standardised tool such as the Cognitive Therapy Scale-Revised (CTS-R) or its variants or equivalents. There is a list of approved DACCs on Moodle (including adapted CBT, systemic, psychometric and leadership competencies. If it is not possible to complete a DACC, another structured observation form can be used ([see index of tools available provided in key placement documentation](#)).

Pre-placement contact with trainees

Our team will put you in contact with your next trainee at least 4 weeks prior to placement commencing. At this point the trainee should send you their '**Trainee Profile**' outlining previous experiences and training needs and interests. They may also like to set up a brief pre-placement meeting with you to help with setting up the placement

Disability and reasonable adjustments

Some trainees may come to placement requiring reasonable adjustments in line with a Disability Action Plan (DAP) or occupational health assessment. If a DAP is in place or adjustments are required, the trainee should indicate that they need to discuss this with you on the 'Trainee Profile' they send to you before placement. Please check with new trainees if you need to know any information pertaining to additional needs or reasonable adjustments on placement.

Supporting Accreditation

The programme has Level 2 Accreditation with the British Association of Behavioural and Cognitive Psychotherapy (BABCP) and Foundation Accreditation with the Association of Family Therapy (AFT). Trainees must evidence several Cognitive Behavioural Therapy (CBT) competencies and receive 'close supervision' over the course of training. Your trainee should make you aware of these training needs and seek opportunities on placement to meet these.

BABCP (CBT)

To facilitate meeting BABCP requirements, we ask that supervisors who are not BABCP accredited identify a BABCP accredited therapist within their service who is willing to act as a secondary supervisor (this can include *provisional* level accreditation). When this is not possible, we ask supervisors to support trainees in identifying a BABCP accredited therapist elsewhere in the Trust to support them. For additional information please contact our admin team who will put you in touch with our BABCP Lead for more information (bathcp-admin@bath.ac.uk).

The role of a BABCP accredited secondary supervisor is to provide the trainee with **5+ hours of CBT supervision per 'training case'**. One case per placement is a minimum, but more are welcomed, as trainees must complete eight CBT 'training cases' by the end of training. The BABCP supervisor may also be asked to complete a direct assessment of competence in CBT (CTS-R or variant). **Three** of these CBT assessments of competency must be completed by a BABCP Accredited Therapist (and for cohort 2023 onwards, receive the minimum 50% pass mark) by the end of training.

We understand that within some services this arrangement will not be possible. In such circumstances, the course team will arrange supplementary CBT supervision sessions for trainees. This will require dedicated time during placement of approx. 2-2.5 hours per month. This should be prioritised to ensure the trainee is on track with course requirements. Presentation of audio/video recordings of clinical material from placement is required by the supplementary CBT supervision sessions. Consent forms and GDPR procedures relevant for the NHS trust where the work is conducted must be followed in the use of client material for training purposes.

BABCP supervision is **secondary and supplementary** to the primary clinical supervision received on placement. The clinical placement supervisor retains supervisory and clinical responsibility, including relating to risk. Sometimes there may be differences in supervisory advice or direction, in which case, the placement supervisor's views take precedence.

Contact the BABCP Lead via bathcp-admin@bath.ac.uk for BABCP queries. BABCP accreditation in DClin courses is evolving across the UK. We are happy to offer information and support to supervisors wherever we can as it develops.

AFT (systemic)

Systemic practice continues to be the second main therapy approach taught on the course. Trainees complete all necessary requirements in their 1st year to achieve the AFT accredited Foundation qualification. This includes reconceptualising one of their CBT case studies through a systemic lens or the option to complete a full systemic case study.

The systemic approach is a core topic taught in the 2nd and 3rd years with a focus on 'Systemic Practice Across Contexts'.

We have consistent feedback from trainees that they value any opportunity to put their systemic theory into practice. As such, opportunities to observe family therapy and develop systemic practice skills should continue to be offered as appropriate to the placement. This should include the chance to access consultation or supervision with colleagues qualified in this approach. We encourage trainees to log their hours of Systemic practice and supervision as this helps the course team to review the opportunities for systemic practice regionally. This will also be particularly helpful to keep a record of this after completing the DClin. This will be particularly helpful for trainees who may wish to continue their systemic training following completion of the DClin.

Equality, Diversity & Inclusivity

Please consider how issues relating to equality, diversity and inclusivity will be integrated into placement, and include this as part of initial contracting. There is a 'top tips' document available on Moodle for both

supervisor and trainee to use, and to support them in engaging fully with these areas.

Support for supervisors

We aim to support supervisors in several ways, including:

- **Supervisor induction/refresher training is a requirement of the BPS minimum standards for clinical supervision. All new supervisors** must ensure they have completed training with us before starting as a supervisor for us. We offer a one-day online workshop in March and September each year. It is open to new supervisors, supervisors new to the Bath DClin and more experienced supervisors wanting a refresher.
- **Supervisory skills practice workshop.** We offer an additional one-day workshop online in both March and September every year. Again, it is open to new supervisors, supervisors new to the Bath course and more experienced supervisors.
- **Continuing Professional Development (CPD) opportunities** are advertised via email to regional supervisors.
- **CBT CPD events** and activities to support gaining and maintaining BABCP accreditation. These are advertised via email to regional supervisors.
- **Online supervisor resources** (see [appendix 5 for further details](#)). Please contact the admin team on bathcp-admin@bath.ac.uk to register for access to these.
- **The Clinical Tutor** for your trainee is the first point of contact for supervisors, for example if there are any concerns or untoward events arising on placement. Supervisors can also contact the Clinical Director, Programme Director or other member of the tutor team as appropriate. See also further information below about serious incident reporting.

Assessment

The placement is assessed, and trainees are required to pass all clinical practice placements in addition to the academic assessments of the programme. Assessment

on the placement is carried out at the mid-point and at the end of the placement via:

- **Ratings of clinical skills and competencies** completed by the primary supervisor(s) (see [Placement rating forms – Key Placement Documents](#)) should be given to the trainee with feedback as part of the formal mid placement and end of placement review meetings. Trainees should provide feedback about the placement and supervision at these points.
- Trainees should complete 6-8 'clinical cases' each placement. This can include a range of activities including individual work, group work, indirect work, neuropsychological assessments, being part of a systemic reflecting team etc. Additional pieces of work are permitted (e.g. audit, material development) but these do not replace clinical cases. There should be no more than 12-14 pieces of work completed in total (clinical plus other) per a placement. Service-Related Projects (SRP) do **not** replace a clinical case.
- Supervisors will complete four observations of trainee clinical practice. Two informal and two structured. One of the structured observations is recommended to be the Cognitive Therapy Rating Scale (CTS-R), variant or equivalent. The CTS-R can be used by any practitioner but it will only count towards BABCP accreditation if completed by a BABCP accredited therapist (see above). It is possible to use an equivalent or alternative DACC if more appropriate. A list of all DACC tools are found on the Placement Information Moodle page, the online supervisor resources. Only one DACC is required for the final placement.
- A 'Pass' may also be required on additional elements, depending on the specific requirements for each clinical area. For example, assessment of intellectual ability and interpretation of educational attainment on child placements, standardized assessment of ability or functioning on LD placements.

Placement failure is considered where **two or more** of the mandatory categories on the mid placement feedback forms are rated as not satisfactory, and / or where there are significant professional and practice misconduct issues. Any professional or

misconduct issues should be reported to the programme team immediately.

Although rare, if placement failure is being considered **the programme team must be contacted as early in the placement as possible**. Ideally an **early mid-placement meeting** will be scheduled. The supervisor and trainee should meet to discuss the concerns and then raise these at a separate meeting with the programme tutor as well. This allows time to set clear objectives and SMART goals for the remainder of the placement using a 'Placement Support Plan' (PSP).

The clinical tutor must alert the **Clinical Director** to any concerns and to ensure that the PSP has been agreed with them. The PSP must be kept under review until the end of placement. There must be a full review of a PSP at an end of placement meeting attended by the trainee, supervisor(s) and clinical tutor. If the goals and objectives are not met by the end of the placement and placement failure is recommended by the supervisor, this will be referred to the programme team.

If a potential placement failure is raised only at the end of placement, it will be necessary for a PSP to be devised at this point and for the trainee continue on the placement for a further 3 months, providing an opportunity for them to address the training needs and shortfall in skills and competencies identified by the supervisor.

University Assignments

In addition to the placement assessments as detailed, trainees also need to complete a clinical logbook and submit a Case Study at the end of each placement.

- Clinical logbook – it is the trainee's responsibility to log all experiences gained on placement. They will ask you as primary supervisor to check this at the end of placement and sign the EPR form to indicate that it is an accurate representation of the clinical work completed on placement.
- Case Studies – 5 case studies need to be completed, one from each of the first 5 placements. Case studies are usually written in the format specified ([see Case Study Guidelines-Key Placement Documents](#)) and submitted as a written piece of work. Case studies are recommended to take

the format of a single case experimental design (SCED), with one formal SCED submission.

For BABCP accreditation, *four of the five* case studies must be CBT-focused (one may be third wave provided that appropriate supervision and evidence-based rationale are in place). The 5th may be another format (e.g. systemic, neuro etc).

The trainee will value your guidance about the suitability of cases for write-up and will ask you to review the written case study prior to submission. They submit your feedback with the case study ([see Case Study Review form - Key Documents](#)). Although not a formal evaluation, it is a requirement of submission that trainees include their supervisor's report. We also greatly value the view of supervisors as clinical experts as to the strength of the case study write-up. Case studies can be written up partly in placement time (see below).

Case study write-up on placement time

Within reason, supervisors should arrange with trainees protected time within placement hours to spend working on their case study. This is at the supervisor's discretion with a general guideline of 1 hour per week within the second half of placement. This plan fits with the relevance of the course work to placement activity, and reflects our wish to help trainees manage their workload and academic requirements of the course. Your help in achieving this is greatly appreciated.

Role of the University While Trainees are on Placement

Mid-Placement Review Visits

The mid-placement ratings and feedback must first be completed and shared between the trainee and supervisor. The trainee should send these forms to their clinical tutor and arrange a formal mid-placement review meeting. This is usually 40 – 60 minutes long, with the tutor, trainee and supervisor all meeting together in a three-way meeting. However, if any party prefers to meet the tutor separately, this can be set up at their advance request. In such cases, the tutor will meet first

with the trainee, then with the supervisor and then hold a 3-way meeting. The aims of the MPR are:

For the Tutor and Trainee:

- To see how the trainee has settled in and integrated into the host service.
- To obtain information from the supervisor and trainee about the types of clinical experience to be gained and to discuss this with the trainee and to ensure the experience is satisfactory.
- To check that the minimum requirements for supervision are followed.
- To check that a work pattern has been established and mutually agreed by the trainee and supervisor, in which both have a clear picture of the plans for the placement.
- To discuss with the trainee that the university assignments are on track for completion.

For the Supervisor:

- To discuss the placement ratings and whether they are satisfied with the trainee's competence, skills and professional behaviour.
- To allow the supervisor the opportunity to comment on the trainee's needs and requirements in terms of future skills development / clinical experience needed.
- To discuss with the supervisor that a satisfactory supervisory relationship has been established. This may include supervision by other team members as agreed in the placement contract.
- To review the experience of having a trainee on placement and whether sufficient support is available to facilitate.

End of Placement Review

If there have been no concerns raised during (or after) mid-placement, the supervisor and trainee will complete the end of placement ratings and feedback on placement together, without additional input from the course team.

If concerns have been raised during mid-placement and a PSP was put in place, then the clinical tutor must join the end of placement visit to review progress and final feedback. The tutor may also request updates on the PSP prior to the end of placement review. If issues arise regarding trainee practice or conduct between the mid and end

of placement reviews, the supervisor must contact the clinical tutor as soon as possible.

C6 placement paperwork

The timing for the final practice placement (C6) assessments is slightly different from the other placements as follows:

- As C6 is the final placement, it is likely that the trainee will have met all the required key competencies to a satisfactory level or better, making an early decision a somewhat easier process.
- To meet University and HCPC quality assurance processes in a timely way the assessments occur **earlier**. The Mid-Placement Review (MPR) must be completed **no later than mid-June**, following the usual 3-way process including the trainee, supervisor(s) and clinical tutor.
- The End of Placement Review (EPR) should take place no later than **mid-August**, to meet Examination Board deadlines in early September. This will involve the trainee and supervisor only unless there are issues to address or any indication that the placement will not be passed.
- By the EPR, the trainee must have met all placement and University requirements to pass the placement. The trainee must ensure that the supervisor has signed the documentation to indicate this. The trainees must then upload the EPR and observations forms to Moodle at which point they should inform their tutor that it is passed.
- If the MPR indicates potential placement failure, usual protocol should be followed, with an EPR in mid-August, as above.
- The trainee is required to continue until the scheduled end of the placement (ordinarily end of September) to meet BPS, BABCP and fitness to practise requirements.

Feedback and Audit

To improve support available to supervisors, we aim to gather honest, constructive feedback about their experience of providing a clinical placement every six months. We will send an online, anonymous survey link at the

end of each placement. This takes about 10 minutes to complete and all responses remain **anonymous**.

Trainees should complete a similar survey at the end of each placement. Both surveys feed into regular placement audit cycle.

Due to its brief and anonymous nature, this survey **does not** take the place of addressing specific issues arising on placement. These must be managed in the usual way, via the clinical tutor, placement co-ordinator or another member of the course team.

Work / Placement Essentials

Security clearance, DBS checks and Health Checks

All clinical psychologists in training at the University of Bath have been subject to pre-employment Occupational Health checks and enhanced Disclosure and Barring Service (DBS), formerly CRB, checks prior to commencing training. These checks are carried out by Somerset Foundation NHS Trust as the employing trust. The transfer of these employment checks to a new placement environment is supported by the Learning and Development Agreement between the placement provider (NHS Trust) and Health Education South West.

Length of the Placement and Working Hours

Trainees should spend 3 full working days in supervised clinical practice throughout 3 years of training. There are some variations, for example, as part of the 1st (Working Age Adult) placement, trainees will start with 2 days a week for the first 4 weeks, increasing to 3 days a week for the remainder of the placement.

Health & Safety and Insurance in the Workplace

Anyone receiving relevant training or work experience should be treated as employees for the purposes of health and safety legislation. The placement provider has control of the trainee whilst on placement and many responsibilities are their legal liability. For further information about insurance, and health and safety see:

<https://www.bath.ac.uk/guides/insurance-services/#placement-students>

Equal Opportunities

The University of Bath has an Equal Opportunities policy which states that 'It is the University's aim that trainees are treated fairly on the basis of merit regardless of age, disability, family responsibilities, gender, HIV status, marital status, nationality, race, religious or political views or affiliations, sexual orientation, socio-economic background or trans-sexuality'. Please see:

<https://www.bath.ac.uk/publications/the-dignity-respect-policy/attachments/dignity-and-respect-policy-agreed-14-october-2019.pdf>.

We ask that employers uphold these policies with regard to trainees on placement.

GDPR

The DClin course holds a spreadsheet that contains information on all supervisors and the placements they offer. We use this spreadsheet to plan placement allocation. It is therefore important that **supervisors inform us of any changes in their service** so we can update it. The University of Bath is committed to protecting your personal information in accordance with the Data Protection Act and GDPR laws. In providing a placement for a Bath trainee either historically, currently or in future, you are agreeing to us processing and storing your information. Your data will be used to contact you only.

Finance and the Placement

Trainees are salaried employees of Somerset Foundation NHS Trust. They are entitled to claim travel expenses for placement related journeys made from their clinical base. This is administered by the University Programme Team and Somerset Foundation NHS Trust.

The investment in learning and training on the part of the placement provider is supported by a non-medical placement tariff administered by Health Education South West (HESW). This tariff is subject to personnel returns and key performance indicators as agreed by HESW. Tariff payments are made directly to the placement provider at organisational level and we are not able to advise on how the tariff is allocated to services. However the programme can provide details of placement activity attributed to your placement.

Serious Incident Reporting

It is essential that any serious incident is reported to the University within 24 hours.

- We will send you a form to complete within this **first 24 hours**
- The next section must be completed within **72 hours**

- The final section between **4-7 days** of the incident.

We will manage the process but if you work part-time please allocate someone else as a point of contact, as we must ensure that we adhere to Health Education England deadlines for reporting. **Any serious incident should be immediately reported to the trainee's clinical tutor and copied to the Clinical Director and the Programme Manager.**

Year-long placements

There are currently two types of year-long placements as an alternative to having two, six-month placements in the Bath DCLinPsy:

- Year 1 Working Age and Older Adult C1 & C2)
- Year 3 elective placements (C5 & C6)

Year one Working Age Adult and Older Adult Placement (C1 and C2)

This 12-month placement includes supervisors from both working age adult and older adult services, or an age inclusive service. It covers the first year of training (C1 and C2). Such placements can involve changing the focus of the placement half-way (i.e. 6-months focused on either WAA or OA clinical experience then, swapping to focus on the other specialty for the second 6-months), or it can involve a 12-month 'ageless' placement where WAA and OA clinical work is integrated throughout the whole year. This is in line with our academic programme, which includes teaching on WAA and OA from the start of training.

Assessments on year-long placements

For C1 and C2 (WAA / OA) placements, the following guidelines are provided to ensure that the required placements assessments are completed correctly:

- Trainees submit a case study after 6 months, for one of the specialities (OA/WAA), in line with all their cohort.
- Trainees submit a second case study for the other speciality after 12 months.
- Usually, the WAA case study is submitted first, but this can vary and depends on the structure of the placement. There **must** be

one case study from **each** speciality (WAA and OA) by the end of the 12 months.

- Trainees will complete 2 observations per 6 months, ideally using a DACC. There should be **two WAA** and **two OA** DACCs completed over the 12-months. The timing of these DACCs is flexible, as suits the clinical work of the trainee.
- The lead supervisor for the first speciality (WAA/OA) should complete the mid-placement review and paperwork at 3 months and end of placement paperwork at 6 months. The lead supervisor for the other speciality (OA/WAA) will be invited to contribute to both if relevant.
- The lead supervisor for the second speciality (OA/WAA) should then complete the mid and end-placement review and paperwork at 9 and 12 months respectively. The supervisor for the other speciality (WAA/OA) will be invited to contribute to both if relevant.
- The supervisor for the first speciality must be satisfied that the breadth and range of experience required for a WAA/OA placement has been achieved in order to sign off placement at the 6-month point. However, we recognise the flexibility within this on a year-long placement for some experience in both specialties to happen in each half of the 12-month period.
- If the trainee is on an ageless placement with the same supervisor, they should aim for a **minimum of 6 OA** pieces of clinical work over the year.
- The requirement to complete an appropriate cognitive assessment could be completed within either speciality.
- Consider contingency planning at the outset of the placements e.g. in case of sick leave for one or other of the supervisors.

Year three elective placements (year-long 'long and thin')

Trainees are on placement for 3 days a week for their year 3 elective placements (C5 and C6). Typically, a year-long elective placement involves 2 days in one service and 1 day in the other service for the first 6 months of the placement. This then reverses for the second half of the placement. However, the exact amount of time spent in each service can be negotiated between supervisors provided it is clearly communicated at the start of the year.

Types of issues to be negotiated prior to setting up a 'long and thin' placement include:

- Clarity around how flexible the specific day (or days) of the week the trainee will be on placement in each service.
- There can be alternative patterns e.g. 2 days on one component of the placement throughout the 12 months and 1 day on the other component providing this is acceptable to both supervisors.
- It is key to ensure that both placement supervisors feel able to sign off the placements at the appropriate review points having had enough experience of the trainee on placement.
- Consider contingency planning at the outset of the placements e.g. in case of sick leave for one or other of the supervisors.

Placement assessments

All placement paperwork for 12-month placements must be completed as specified in the handbook, with two MPRs and two EPRs across the year.

In the case of year-long elective placements the C5 supervisor needs to be satisfied that the trainee has had enough experience on their placement to sign off the paperwork at the 6-month point, and the C6 supervisor takes the lead in signing off the placement paperwork in August.

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Summary of Placement requirements and documentation

Requiring the Placement Supervisor's Input	Requiring only the Trainee's Input	Requiring Clinical Tutor Input
Placement Induction Check list <i>Within 1 week of placement start</i>		Develop plan with trainee to feed forward issues from previous placement Offer early placement visit if indicated
Placement Specification and Contract <i>Within 2 weeks of placement start</i>	Collaborate in contract development and incorporate agreed issues from end of placement meeting	Review when submitted and at mid-placement
Observation of supervisor by trainee x2 - Arranged in first few weeks of placement	Placement Observation Form x2 (<i>Structured Observation of Supervisor</i>)	Check at MPR this has been possible
Observation of trainee by supervisor x 4 (<i>2x informal and 2x formal / DACCs</i>)	Production of video / audio / observational opportunities for supervisor to complete competency assessments	Check at MPR this has been possible and if not ensure it is booked in.
Mid-Placement Ratings and Feedback <i>No later than mid-point of the placement</i>	Mid-Placement Ratings and Feedback <i>No later than mid-point of the placement</i>	Review these at MPR
Mid-Placement Review Meeting with Programme Tutor <i>No later than mid-point of the placement</i>	Mid-Placement Review Meeting with Programme Tutor <i>No later than mid-point of the placement</i>	Tutor to attend and formally document mid-placement review meeting with supervisor and trainee. If required, a Placement Support Plan should be formally developed and agreed by the Clinical Director.
Case Study – Supervisor review and feedback <i>Prior to case study submission</i>	<i>Case Study submitted at End of Placement (except for C6)</i>	Marked by member of course team (usually not the tutor).
Check accuracy of Logbook at end of placement and sign off on the EPR form to indicate this has been done.	Clinical Log Book to be completed and shown to supervisor	Review EPR forms to ensure logbook has been completed and checked by supervisor
End of Placement Ratings (EPR) and Feedback to be completed and shared with trainee as part of the EPR meeting.	End of Placement Ratings and Feedback. Trainee to upload MPR, EPR forms and DACCs to Moodle for tutor to sign off.	If no PSP, EPR with tutor is an informal meeting to develop plans for next placement. If PSP developed (or if supervisor or trainee request it) the tutor can join a formal EPR meeting. Trainee to upload final documentation (MPR / EPR forms and Obs forms) and inform tutor. Tutor to sign these off to indicate placement pass.

Appendix 1: Induction Checklist

Background overview of service	
Other service settings and locations which may be visited when on placement	
Contact details/availability of supervisor <i>e.g. telephone numbers, schedule / location of supervision</i>	
Who's who <i>e.g. names, telephone numbers if appropriate, roles, responsibilities</i>	
Site layout <i>e.g. therapy rooms, client facilities, staff facilities</i>	
Work space <i>e.g. trainee desk space, telephone use, computer use</i>	
Security & Restricted areas: <i>e.g. access codes, passes, keys etc.</i>	
Emergency procedures <i>e.g. panic buttons, emergency numbers, fire procedures, first aiders, safeguarding procedures</i>	
Health and safety <i>e.g. accident reporting, hazard reporting, lifting risks, dangers</i>	
Dress code <i>e.g. professional expectations relating to this</i>	
Time and attendance system <i>e.g. Professional expectations regarding being on time, start and finish times, lunchtimes, remote working, attendance when not seeing clients</i>	
Sickness reporting <i>e.g. who to call, arrangements for cancelling client sessions</i>	
General administration <i>e.g. appointment arrangements, recording attendance, secretarial arrangements</i>	
Records system <i>e.g. clinical record keeping, psychology notes, expectations of time frame</i>	
Local housekeeping <i>e.g. tea and coffee facilities</i>	
Stationery and supplies <i>e.g. storage, supplies</i>	
Local facilities and amenities <i>e.g. canteen, shops</i>	
Transport and parking <i>e.g. local bus routes, train stations, parking permits, car park spaces</i>	

Appendix 2: Guidelines for the Preparation of Clinical Placement Contracts

Primary Supervisor: _____ **Trainee:** _____
Secondary Supervisor(s): _____
Placement dates: _____
Type of Placement: _____

1. Aims of the placement

List the key aims of the placement as relevant for the clinical area and taking into account the trainee's needs which they will have identified in their training needs assessment and which may also form part of a pre-placement meeting.

Please state if another supervisor/s is to be involved and if so, in what capacity (including BABCP supervision groups).

2. Clinical experience to be provided

List the particular experiences that form the core competencies (BPS) for the relevant clinical area. It may be useful to have sub-headings – e.g. Assessment, Intervention, or any other grouping appropriate to the placement. The MPR forms can help identify key areas to support this. Please look for opportunities to give trainees a diverse experience of client work in terms of culture and background.

3. Patient reported outcome measures (Essential)

It is a programme requirement that trainees routinely use validated assessment tools to measure outcomes in their psychotherapy practice and to present these within supervision. Please confirm here that the trainee will follow this requirement for all relevant patient contacts and these will be used to inform supervision.

4. Other experiences

This may include delivering teaching/training, attending seminars, staff groups, visits to other services etc.

5. Equality, Diversity and Inclusivity

Please consider how your placement and supervision can ensure regular discussion around difference, diversity and social inequalities. Please consider how you can support reflection about the impact of one's own background and values on practice. Please consider how you can support the trainee to explore barriers or discrimination they may have come across whilst on placement.

6. Supervision arrangements

Specify how supervision will be delivered according to minimum standards for supervision i.e. at least 1 hour weekly of formal supervision and a total 3 hours contact time per week between trainee(s) and supervisor(s). If the primary supervisor is not the person providing weekly individual supervision, please specify who will do this and outline the schedule for meeting with the primary supervisor (which should occur regularly). Supervision can be structured in different ways (1:1, 2:1, group etc) provided there is one supervisor overseeing the trainee and that there is an appropriate amount of individual supervision in addition to group supervision (e.g. for trainee to discuss personal and professional development, workload etc).

Also agree the structure, style and format of supervision and discuss mutual expectations, roles and responsibilities e.g. note-keeping, bringing specific supervision questions, any supervision models/learning models that will be used in supervision, how feedback will be

given, what supervision techniques will be used (e.g. case discussion, role play, modelling, education, how live material will be used).

7. Observation Arrangements

During the placement, the trainee needs:

- (i) To conduct at least 2 structured pieces of observation of supervisor / another professional*
- (ii) To be observed 'informally' on at least 2 occasions using the placement observation forms*
- (iii) To be observed 'formally' (video/audio/in vivo) on a Direct Assessment of Clinical Competence (usually at least one of which will be the Cognitive Therapy Rating Scale (CTSR)) on at least one occasion.*

Please discuss and document how and when these pieces of observational work will occur.

8. Mid-placement feedback

Date of feedback to be arranged at this point, precisely if possible, or at least the week in which this will be done. The mid-placement review with the Programme Clinical Tutor will be convened separately but in light of this date.

9. Annual Leave & Cover

Please make a note of any annual leave arrangements for both trainee and supervisor. Please nominate a colleague who will, in general, be available for the trainee to consult when the supervisor is not there and also nominate a cover person for periods when the primary supervisor is on annual leave.

10. Detailed case reports

There is a requirement for trainees to submit case studies for examination purposes. Please could you enter, as an aim of the placement, that the trainee will do at least one such study whilst on placement with you. Please arrange with the trainee protected time within placement to spend working on their case study report, and agree how and when this time will be protected.

11. Carry-over cases

Carry over cases are permitted in exceptional circumstances and only in order to complete a piece of clinical work. This must first be approved by the previous and current supervisor and agreed by the clinical tutor on the course team. Carry-over cases should not exceed more than 3-4 hours of work. Please specify the time that has been agreed for the trainee to do a carry-over case from their last placement:

12. Log Books

It is a requirement that the trainee keeps a logbook of clinical activities. They should keep an up to date log each week, and time must be built into placement for them to do this. They must ensure their cumulative log (Excel Spreadsheet) is fully completed by the end of placement, and this must be seen and signed off by the supervisor at the end of the placement, and indicated in the EPR paperwork. Please specify this in the contract, including time set aside to complete the logbooks.

13. Client feedback (C1/C2)

It is recommended that at least on one placement in their first year that trainees are given feedback from clients they have completed work with, via their supervisor. This requires the supervisor contacting a few of clients with whom the trainee has completed work. The guidance for this is on the Placements Page on Moodle.

14. Service related project

It is a requirement of the programme that a small scale, service-related piece of research is undertaken. If this can be done on your placement, please include it as part of the contract.

15. Induction

Please review the Induction checklist at the very beginning of the placement and ensure that the trainee documents the information required in terms of room/desk space available, clinical space and safety procedures, emergency contact and other essential safety information etc.

16. Accessibility, disability and contextual support needs Occupational Health and Disability Access Plans (DAP)

Please ask the trainee if they have specific Occupational Health (OH) needs or a Disability Access Plan (DAP) that needs to be taken into account. Please discuss if there are any other special considerations or adjustments to placement that need to be accounted for (e.g. caring, accessibility, or any other important contextual factors). Please consider if you would like this to be a regular agenda item in supervision.

17. Signatures

18. Date

Please have the Contract typed. A copy should be uploaded to moodle on the appropriate placement page by the trainee. This will be checked by your Clinical Tutor. Your supervisor should also retain a copy.

19. Changes following mid-placement feedback:

If changes to the contract are required following the mid-placement feedback and review meeting, please attach on a separate sheet, trainee and supervisor to sign and date accordingly.

Appendix 3: Statement of minimum standards in clinical supervision

1. There must be a formal, scheduled supervision meeting each week that must be of at least 1 hour's duration. Longer supervision will sometimes be needed, especially where team or group supervision is used. In addition, supervisors should try to make themselves available for informal discussion of matters that arise between formal supervision sessions. The total contact between the trainee and supervisor must be at least 3 hours a week, and may need to be considerably longer than this time at the beginning of training.
2. Team or group supervision can form part of this, but in such cases trainees must always receive an additional appropriate amount of individual supervision. Individual supervision must provide opportunities to discuss personal issues, professional development, overall workload and organisational difficulties as well as on-going casework.
3. Nominate a 'cover' supervisor that the trainee can turn to when on leave/holiday.
4. Provide an induction programme to the trainee when a placement starts.
5. Ensure that the Placement Contract is finalised and signed within ten days of commencement of placement.
6. Ensure that feedback/rating forms are filled and discussed at mid-placement and at end of placement.
7. Ensure that the Log Book is filled by the trainee, and check and sign it off at end of placement.
8. Discuss the trainee's requirements (e.g. case study, service research, time for carry-over cases) at the outset, and include these in the Placement Contract.
9. In addition to discussing clinical work, it is essential that the trainee and supervisor have opportunities to observe each other at work: the trainee can learn much more from this and it is essential in order for the supervisor to give the trainee accurate and constructive feedback. Placements may differ in the most appropriate opportunities for such direct contact: some may use joint clinical work, others may prefer audiotape, videotape or a one-way screen. Some form of mutual observation of clinical work is regarded as essential.
10. Ensure that the trainee has the opportunity to observe you at work (with clients) at least on two occasions during the placement and completes the structured placement observation form.
11. Ensure that you observe the trainee at work on at least four occasions (two informal and two formal) and provide feedback to the trainee based on the observation. The structured observation forms can be used for this purpose.
12. Ensure that the trainee gets a good range and quantity of experience. For core placements, these are defined by the BPS guidelines for clinical specialities and the Department's own more detailed documents. If necessary, arrange for the trainee to see clients from a colleague's team.
13. Be alert to the trainee's workload. Make sure they are not overburdened. It is important not to use a trainee as an extra pair of hands. The active treatment case load of a trainee should not exceed seven at any given time.
14. Provide the trainee with constructive feedback on an ongoing basis, in addition to the formal written feedback at mid-placement and end of placement.
15. Provide guidance of reading, discuss theoretical issues, and foster theory-practice links as part of supervision.

Appendix 4: Key Placement Documents

You should also have been provided with the following documentation:

1. Guidelines for the preparation of placement contracts
2. Induction checklist
3. Placement Observation forms
4. Placement feedback forms (Mid and End of placement rating forms)
5. Direct Assessments of Clinical Competence (Index of tools and Assessment front sheet)
6. Sickness and Absence recording
7. Case Study Guidelines
8. Clinical Supervisor Case Study Review and Feedback Form
9. 'Top Tips' for working with Equality, Diversity and Inclusivity on placement and in supervision.

Appendix 5: Online Supervisor Resources

We offer an online system providing a wide range of resources which may be useful for your role as a regional supervisor on the University of Bath Clinical Psychology Programme.

You will be able to access:

- general information about the doctorate programme
- specific placement information
- a range of tools for the direct assessment of clinical competence
- materials from CPD events
- various psychometric measures for adults and children
- information and introductory videos from staff members amongst many other resources

Gaining access to the online system is a quick process.

Please send an email expressing your interest to our administration team, bathcp-admin@bath.ac.uk. It would be greatly appreciated if you make the subject of your email 'Supervisor - Moodle Help'.

You will then be sent a unique username and password to access Moodle. The admin team will be happy to help you with any queries relating to these resources.