

Information & Guidelines for Placements

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

(Updated September 2024)

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Introduction

Placements are an essential and extremely important part of DClinPsy training and 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 for supervisors on the programme website (<http://www.bath.ac.uk/psychology/clinical>), and on a Microsoft Teams page created for supervisors (access granted by admin via email), and for trainees on Moodle.

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 Learning Disability and Neurodevelopmental conditions
- 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.

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 two 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.

Who can Be a Supervisor?

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 DClinPsy 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.

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 (as long as these do not fall on teaching days at the university – if they do, the trainee must attend university teaching).
- 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 and data security
 - Equality & Diversity
 - Fire Safety level 1 theory
 - Safeguarding Children level 1,
 - Safeguarding Adults level 1,
 - Counter Fraud
 - Proactive Care - Conflict Resolution
 - Waste Management (non-clinical)
 - Moving & Handling level 1 theory
 - Basic Life Support – level 1 (non-clinical)
 - Health, Safety and Welfare
 - Infection Control level 1 (non-clinical)
 - Prevent level 1 & 2
 - Freedom to Speak Up

- Dementia Awareness
- Supervisors should ensure trainees have completed child protection Level 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.

Minimum requirements 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 and the Supervisors Teams page (including adapted CBT, systemic, psychometric and leadership competencies). If it is not possible to complete a DACC, another structured observation form can be used.

Pre-placement contact with trainees

Our team will put supervisors and trainees in contact at least four weeks prior to placement commencing. At this point the trainee should send the supervisor their '**Trainee Profile**', outlining previous experiences and training needs and interests. It is often helpful to have a pre-placement meeting 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 the supervisor on the 'Trainee Profile' they send before placement. Supervisors should check with new trainees if they need to know any information pertaining to additional needs or reasonable adjustments on placement. Trainees can apply for Access to Work funding to purchase any equipment they may need to support them on placements, and this equipment then belongs to the trainee and so can be moved between placements. Please note that it can take some months for funding to come through so equipment may not be purchased before the first placement. Please talk to the clinical tutor if this is an issue.

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. Trainees should make their supervisor aware of these training needs and seek opportunities on placement to meet these. However, it should be remembered that this is a three year journey, and so if these opportunities are not available on a

placement, as a team we will ensure they are met on a future placement; the trainee can instead focus on learning other clinical psychology skills on their placement. Each service will have its own focus and needs from staff, as trainees become part of the service's staff team, they are expected to contribute to the service focus and need. However, it is also worth remembering, that if you are working with thoughts, feelings and behaviours, you are probably doing CBT, even if not in the strictest sense of the word. In this situation, we encourage trainees to book into BABCP supervision provided by the course to discuss whether a case can be developed into a more formal CBT case.

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 facilitated 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 DClinPsy 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 continues to be 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 systemic 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 DClinPsy. This will be particularly helpful for trainees who may wish to continue their systemic training following completion of the DClinPsy.

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 Teams for both supervisors and trainees to use, to support you 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 respectively each year. It is open to new supervisors, supervisors who are new to the Bath DClinPsy 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 who are new to the Bath DClinPsy and more experienced supervisors.
- **Continuing Professional Development (CPD) opportunities** are advertised via email to regional supervisors and on the supervisor Teams site
- **CBT CPD events** and activities to support gaining and maintaining BABCP accreditation. These are advertised via email to regional supervisors and on the supervisor Teams site.
- **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 trainees is the first point of contact about placement issues for supervisors and trainees, for example if there are any concerns or untoward events arising on placement. Supervisors and trainees 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.
- If a trainee is experiencing difficulties on placement, they are encouraged to raise any concerns with their Clinical Tutor. If either trainee or Clinical Tutor has concerns, these will be fed forward to the relevant Placement Convenor and / or Clinical Director. In the first instance, the trainee is encouraged to raise any concerns themselves directly with their placement supervisor. If this has been tried but has not worked, or if the trainee does not feel able to do this, the clinical tutor will meet with the trainee and supervisor in a three-way meeting to discuss the issue. A separate meeting with either the trainee or supervisor can also be offered, but we recognise that to move things forward, it is important to meet to discuss issues clearly. If the issue still does not resolve, the Clinical Director will be brought in and possibly the supervisor's line manager for a meeting without the trainee present. In extreme circumstances, the placement will end early.

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 (completed prior to the meeting itself). Trainees should also provide feedback about the placement and supervision within the same document, at these time points.

- As a guide, trainees should complete 6-8 ongoing '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 placement. Service-Related Projects (SRP) do not replace a clinical case. The guidelines are context-dependant, and the amount of clinical cases being completed at any one time and across the entirety of the placement may vary depending on multiple factors such as the service delivery model of the placement.
- 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. It is possible to use an equivalent or alternative DACC if more appropriate. A list of all DACC tools can be found on the Placement Information Moodle page for trainees or Supervisor Teams.. 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. Please see Appendix 6 for more information about specific placement areas.

Placement Support Planning

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 (e.g. via the clinical tutor and/or Clinical Director).

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 to 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. The primary supervisor must 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 mandatory 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 their supervisor's guidance about the suitability of cases for write-up and will ask their supervisor to review the written case study prior to submission. Supervisor feedback is submitted 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 the workload and academic requirements of the course. Supervisor's 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 prior to a joint meeting. 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. Trainee or supervisor should contact the tutor in advance and they will set up the meeting in this way where tutor meets 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

Reasonable adjustments

Trainees requiring reasonable adjustments on placement (e.g. related to disability, or OH) should discuss with their tutor in advance of the placement. The trainee is then expected to discuss this directly with their supervisor and negotiate reasonable adjustments appropriate to their needs, and placement requirements.

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 any 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, the supervisor is agreeing to us processing and storing their information. Supervisor data will be used to contact the supervisor only and not for other purposes.

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.

Trainees on placement need the same resources to do their work as any other member of the service team, e.g. access to a computer, if the team uses work phones then access to one of these, etc. We therefore ask that any necessary equipment is provided by the placement. If supervisors need access to the tariff funding to purchase equipment for the trainee, such as a laptop, we recommend that they talk to their Trust's Education Lead. If funding is not identified to support the equipment needed to host a trainee, Andy Gatsby from NHEngland has said that he can be contacted directly by supervisors and he will liaise directly with the Trust to understand what the issues are. Andy's email is andy.gatsby@nhs.net. We hope that this will resolve any issues supervisors may have in identifying funding to provide essential equipment for trainees on placement.

Serious Incident Reporting

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

- We will send the supervisor 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 the supervisor works 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 specialty (OA/WAA) should then complete the **mid and end-placement review and paperwork** at 9 and 12 months respectively. The **supervisor for the other specialty (WAA/OA) will be invited to contribute to both if relevant**, to ensure the tutor has some oversight of activity within both placements.
- The supervisor for the first specialty 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 specialty.
- 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. The supervisor who has the trainee for the most time we regard as the 'major supervisor', the one with the least time the 'minor supervisor', and so these roles might swap halfway through the year. We will put both supervisors in touch with each other at the start of the year so that they can liaise together and discuss any concerns together and with the clinical tutor.

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.
- 'Split' or thin placements should be adapted in terms of workload, so the expectation of '6-8 cases' per placement is adjusted to 6-8 cases across both placements in a six-month period.

Placement assessments

The MRP and EPR requirements are slightly different from 12 month long thin placements. It is the major supervisor's responsibility to contact the minor supervisor ahead of the Mid placement review to gain feedback – we have developed a 'prompt' sheet for the minor supervisor to use to feedback, this prompt sheet will be included in the MPR paperwork that is submitted by the trainee. If the trainee is struggling or it is felt necessary for any other reason, both supervisors can attend the MPR, otherwise, only the major supervisor is expect to attend. At the EPR, we recommend that both supervisors attend so that there is a handover if this also marks the placement days shifting.

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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>	
Workspace <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:
Secondary Supervisor(s):
Placement dates:
Type of Placement:

Trainee:

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 completed 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

Supervisors 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 Teams page providing a wide range of resources which may be useful for the role of a regional supervisor on the University of Bath Clinical Psychology Programme.

Superevisors 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.

A supervisor can send an email expressing their interest to our administration team, bathcp-admin@bath.ac.uk. It would be greatly appreciated if they make the subject of the email 'Supervisor Teams'.

The supervisor will then be added to the Supervisor Teams channel. The admin team will be happy to help supervisors with any queries relating to these resources.

Appendix 6: Core Placement requirements for DClinPsy at Uni of Bath

This document has been developed to complement the Clinical Placement Contract – there are samples for each core speciality. The document is to highlight the core competences that trainees should gain over the 3 years of training, in the context of moving to a competency model rather than a core placement model. Some competencies may need to be acquired on later placements, including elective placements. The trainee and their clinical tutor should review this document at their annual appraisal to ensure that the trainee has the opportunity to gain these competencies across the whole of their training. These guidelines are informed by the BPS guidelines for each speciality. WAA guidelines are covered in the first section below.

Core requirements for all placements

- 6-8 ongoing pieces of clinical work every 6 months. This might include working with individuals, families, group work, assessment (including neuropsychological) and systemic reflecting team work. Please note that the Service Related Project does not replace a clinical case.
- No more than 14 pieces of work in total (including the 6-8 clinical cases, with work over and above this being short term), this could include activities like extended assessments, training, audit, staff support, facilitating staff network meetings, etc.
- Good breadth/range (e.g. presenting problem, developmental/life stage, severity, co-morbidities) of clinical work. This includes experience of working with diversity, including the differing presentations in relation to the characteristics of the Equality Act and the Social GRACES (Burnham, 2012) such as race, ethnicity, sexuality, gender, gender reassignment, disability, religion etc.
- Clinical experience to include assessment, formulation, appropriate psychological intervention and evaluation – and supervision to cover all these aspects.
- 2 observations of the trainee (preferably using a Direct Assessment of Clinical Competence – e.g. CTS-R – but if not possible than the written observation feedback from) – preferably on direct work with clients.
- 2 observations by the trainee of the supervisor, again preferably of client work.
- A minimum of one-hour individual supervision a week and informal contact time of a minimum of 3 hours outside of this (e.g. in shared offices, meetings, etc.)
- Supervision to be grounded in evidence-based practice that includes an understanding of diversity and intersectionality on people's lives.
- An understanding of the organisational context and the benefits/complexities of organisational and team working, with opportunities to shadow other professions.
- Understanding and applying relevant ethical and legal issues, ensuring informed consent underpins contact with clients.
- Demonstrating self-awareness and working as a reflective practitioner.
- Submission of a case study, with protect time on the placement for the trainee to work on the report.
- To meet individualised trainee goals as identified by the training needs assessment.

Minimum requirements for trainee competencies for working with older people

For trainees on their C1 or C2 placement in a predominantly Older Adult or Later Life service, the minimum requirements below should all be included in their placement contract. For trainees who do not have a specific C1 or C2 Older Adult placement (e.g. placements in physical health settings, age inclusive services, IAPT services, forensic services etc.), please include as many of these points as possible when planning cases.

- At least 6 clinical cases (across the whole of training) which involve working with an older person. An older person is not defined by chronological age; type of presentation should be considered alongside age and stage of life. Ideally this would include a range of ages including the 'oldest old' (85+). Trainees should have substantive clinical involvement with each case.
- Opportunities to challenge own negative beliefs about the ageing process and to become aware of own assumptions about age and mental health.
- Opportunities to understand the relevance of age to an older population including the influence of cohort, cultural background and individual factors.
- Opportunities to reflect on the personal impact of working with issues such as mortality, illness, dementia and one's own ageing within supervision.
- Experience of working with systems surrounding older people including family work, working with other professionals, outside agencies etc.
- Experience of service and organisational issues relating to older people e.g. liaison with statutory and non-statutory services, involvement with service design relating to service provision for older people.
- Opportunities to reflect on power imbalances and expectations in relation to working with different cohorts of older people, including the impact of social problems affecting older people such as housing, isolation, financial constraints.
- Understand adaptations to assessment and intervention required in terms of how physical problems can affect older people and people with dementia e.g. pain, infection, sight, hearing etc.
- Consider attachment patterns and the implication for relationship development across the lifespan including in relation to bereavement, loss and end of life care.
- Opportunity to carry out holistic assessment of an older person's presenting situation taking into account physical, environmental, social and psychological domains, including:
 - Direct assessment of individuals requiring understanding of neurological and/or organic problems e.g. dementia, stroke, Parkinson's Disease etc. This may include neuropsychological assessment but can also include other assessment skills.
 - Direct assessment of individuals experiencing a range of mental health difficulties in later life e.g. depression, anxiety, psychosis, adjustment to the psychological and physical consequences of ageing, experience of loss etc.
 - Indirect assessment including working with informal carers (family) of an older person
 - Indirect assessment with an outside agency e.g. care home staff
- Opportunity to provide psychological interventions designed or adapted for use with older people including:
 - Direct intervention with individuals, couples and/or families involving an older person, using recognised evidence based psychological models, with appropriate person-centred adaptations according to the developmental context

- Indirect intervention e.g. working with family / informal carers or joint working with staff e.g. social care, care home staff. This may include care planning, formulation based assessment of behaviours that challenge, systemic work etc.
- Evaluation of interventions with older people using formal measures which are appropriate to an older client group

Cognitive assessment requirements in Year 1

Trainees are expected to complete one cognitive / neuropsychological assessment and pass on the CARS in the first year – this can take place in either the WAA or the OA placement. The trainee is expected to discuss this with their supervisors and identify a case where this can take place. If this is difficult to identify, they should notify their clinical tutor who can contact the clinical director if a case cannot be found. In some instances it may be possible to find an appropriate case in another service. Where this is not possible, the trainee can 'roll over' the cognitive assessment to their second year, in which case they must inform their clinical tutor and the clinical director, who will liaise with the placement convenors for C3 and C4 to support this.

Minimum requirements for trainee competencies for working with people with intellectual/learning disabilities

- Trainees should work with a mix of presenting problems in a variety of service settings and, across the lifespan.
- Work relating to someone whose behaviour is constructed as 'challenging', involving a comprehensive functional analysis.
- Work relating to someone with an autistic spectrum disorder.
- Work with a person with severe or profound learning disabilities.
- At least one detailed psychological assessment, which should include the use of formal measures (e.g. psychometric or functional assessment), and which should at least partly be completed directly with a person with learning disabilities.
- At least one direct assessment and intervention involving a person with learning disabilities.
- At least one assessment and intervention with family or paid carers; this could include indirect work with a staff team.

The range and types of experiences outlined above are of course not mutually exclusive, but several may be addressed in in-depth work with the same individual or care system.

Minimum requirements for trainee competencies for working with child and young people

- To gain experience of working with children, young people and their families from across the age range (0-18), who present with a variety of mental health or neuro-developmental difficulties
- To gain experience of engaging with children and young people at different developmental stages adapting communication to use appropriate language, play and media, across a range of modalities (i.e. face to face, written).
- To apply knowledge of child development, systemic/contextual factors, transitions, and theories of developmental psychopathology to children and young people
- To gain an appreciation of the different roles and responsibilities of other professionals and services working with children, young people and their families.

- To gather appropriate information regarding risk and child protection issues to inform appropriate risk assessment, decision making and risk management plans. To understand the concepts of vulnerability and resilience.
- The trainee must gain experience of a child intellectual ability assessment (e.g. WISC, WPPSI). They must show that they can draw on other sources of information regarding attainment (from school reports / formal assessment / other means) to interpret the formal assessment of ability.
- To develop skills in providing psychological explanations for difficulties in a way that is accessible to children, young people, families and other professionals with whom they might work.
- To demonstrate awareness of ethical issues, including that of confidentiality and consent, in relation to working with children, young people and their families.