

**CANTERBURY CHRIST CHURCH UNIVERSITY
DOCTORATE IN CLINICAL PSYCHOLOGY (D.CLIN.PSYCHOL.)**

EVALUATION OF CLINICAL/PROFESSIONAL COMPETENCE

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LEARNING OUTCOMES

The learning outcomes to be assessed through this piece of work include:

- An ethical and compassionate approach to the work centred on the goals, needs, rights and strengths of service users, which is grounded in NHS values and demonstrates a high level of professional behaviour, including reliability; responsibility for actions; ability to challenge where necessary and respect for colleagues and other professionals, for service users and their families and supporters, for openness and an awareness of the limits to competence.
- An advanced and critical understanding of the scientific methods involved in research and evaluation, including the evidence base for psychological therapies, and to have developed the complex skills required to use this understanding in practice through carrying out original research and advanced scholarship.
- A reflective approach to practice and for this to be evident in terms of a high level of self-awareness, including own impact on others (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (context reflection); and to the interpersonal issues with particular regard to the dynamics of power in working relationships, including one's own potential contribution to this dynamic.
- An advanced and critical understanding of, and ability to apply, at least three theoretical models on which clinical psychology draws (in particular, behavioural, cognitive, systemic and psychoanalytic) and to be able to adapt the therapeutic model to work effectively in highly complex and novel contexts occurring across the lifespan.
- A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models (one of which must be Cognitive Behaviour Therapy), client groups and organisational contexts, with appropriate attention to any factors relating to risk and to have the transferable skills to apply these in complex and unique circumstances.
- An advanced level of creative and critical thinking in relation to the development of clinical practice and services as well as the personal and organisational skills to implement, or facilitate the implementation of, these ideas in unique and complex situations.
- A commitment to services and the development of inclusive services which seek to empower service users and their family and supporter, consistent with NHS values.
- An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships,

compassionate dynamics and strong working relationships, which enables, if possible, service users to influence research that may affect them.

- The capacity to work effectively in multi-professional teams in partnership with other professions and, when appropriate, to provide leadership, consultation, supervision and training to other staff in the provision of psychologically informed services.
- An advanced capacity to reflect on, manage and respond constructively to the personal and professional pressures and constraints encountered during the course of training and thereby demonstrate a readiness for practice, including demonstration of openness to, and good use of, feedback on self and own work.
- An approach to learning and development which recognises the need for it to be lifelong in order to remain professionally and clinically competent; which recognises the value of feedback and the importance of seeking this out, and constructively responding to it; and which demonstrates the skills necessary to systematically acquire, synthesize and critique complex and detailed bodies of knowledge, enabling them to continue to grow.

MARKING CRITERIA AND GUIDANCE FOR SUPERVISORS

Marking Criteria

The Board of Examiners requires a final mark to be expressed as one of the following grades:

Pass
Referral¹
Fail

Please provide assessment of the trainee's ability, as observed on your placement, in each of the ten competencies on the Evaluation of Clinical/Professional Competence (ECC) form by providing a rating of pass, referral or fail for each competency, and for the overall placement. These comments will help inform the recommendation that is made to the Board of Examiners.

Qualitative assessment comments are required if a competency is referred or failed, but they are optional if competencies are assessed as passed.

Marking Standards for the Grades

Pass. The trainee's clinical competence is of an acceptable or above standard for their stage in training and with appropriate support and guidance from supervision. They are able to facilitate and maintain a therapeutic alliance with clients, carers, groups and promote positive working relationships with staff. They can select, administer and interpret psychometric and idiosyncratic assessments, including risk assessments. They can develop and use formulations to prepare an action plan and can reformulate in the light of further information. They can make

¹ A grade of referral cannot be given for the final placement as this is the final assessment of competencies and all must have been met by this stage.

theory-practice links, can draw on therapy model-specific competencies and adapt interventions within differing theoretical models to individual needs. They can conduct appropriate research and use evaluation and auditing procedures to contribute to service developments. They can design communications (written and oral, formal and informal) that are appropriate to the audience, carry them out in a manner that is both timely and accessible, and monitor their effectiveness. They have an understanding of the organisational setting and work collaboratively with other professionals and colleagues, taking initiative to develop the psychological understanding and practices of others. They demonstrate a range of professional attitudes and behaviour, including an awareness of power and socio-political issues, and the need to practice within the HCPC Code of Conduct and Guidance on Conduct and Ethics for Students and enact NHS values. They exhibit an active and continuous commitment to developing self-knowledge and self-awareness in relation to their work with others, and they prepare effectively for, engage in and demonstrate learning from the supervision process. With support and guidance from supervision they meet the guidance of the HCPC Standards of Proficiency. They may have some developmental needs but these are not of significant concern.

Referral. The trainee's clinical competence has failed to reach an acceptable standard for their stage in training despite support and guidance from supervision. They may not have not developed helpful therapeutic or other working relationships, or been able to conduct appropriate assessments. They may have struggled to formulate and reformulate or to make theory practice links in interventions, or to adapt them to individual needs. They may not have conducted required research appropriately. Communications may not have been appropriate to the audience, and the trainee may not have worked well with other professionals and colleagues. You may have had some concerns regarding the trainee's professional attitude, behaviour or values, and their understanding of the organisational context and the responsibilities of their role. The trainee may not have demonstrated sufficient self/relational awareness or may not have engaged adequately in the supervision process. NB This overall placement grade cannot be awarded to a final placement as all competencies must have been met by the end of the course. A final placement with one competency rated as referral, with an overall placement outcome of Pass, would require section F to be completed for the trainee to pass to their new employer. If more than one competency would have been awarded a referral had it been an earlier placement in the course, they must be awarded a fail on this last ECC form and hence the placement given an overall fail mark. All or a proportion of the placement must then be repeated, again without the option of a referral grade. If it is failed again the candidate will have met the criteria for course fail.

Fail. The trainee's clinical competence is below an acceptable standard for their stage in training despite support and guidance from supervision. This applies to direct work with service users and to work within the organisation. **Either** the trainee's conduct has been of significant concern and may have placed service users at risk or been highly unprofessional or unethical and has not improved despite guidance. The supervisor may feel that the trainee's behaviour means that they are not suitable to practice as a clinical psychologist. **Or** the trainee's competence has not improved from a rating of referral on a previous placement.

Guidance

1. The coordinating supervisor should complete the ECC form in consultation with any other supervisors on the placement at the end of each placement (in July of the final placement). Exact deadlines will be provided to the trainee at the beginning of the academic year. These are submission deadlines for the trainee and failure to meet them could result them not passing the placement at that time.
2. In addition, a formative ECC form should be submitted in March/April of the first year to aid the early identification of any areas of difficulty.
3. The following table provides guidance under each competency to be rated on the ECC form to assist supervisors in evaluating the trainee's clinical competence. This is generic guidance, which should be seen as providing examples rather than exhaustive, and due consideration must also be given to the trainee's stage in training when rating their competence. Support and guidance for coordinating supervisors in making the assessment is available from Trust Training Co-ordinators (TTCs) and Course staff. In cases of potential placement failure, it is recommended that coordinating supervisors consult with their TTC and/or another senior colleague in addition to discussing the problems with the trainee's manager at the earliest opportunity.

	PASS	REFERRAL	FAIL
<i>Working Relationships</i>	<p>The trainee demonstrated that they were able to form and facilitate a therapeutic alliance with clients and carers, demonstrating empathy and a respectful attitude. They also showed respect, understanding and a collaborative approach to work with colleagues. They demonstrated understanding issues of power and of oppressive practice. They exhibited skills in maintaining rapport and working with challenges within therapeutic/collegiate relationships. They have shown an awareness of boundary and termination issues.</p>	<p>The trainee often failed to adequately engage clients in psychological work. They demonstrated a significant lack of understanding of the psychological experience of others. They were often didactic in therapeutic style. They demonstrated a lack of awareness of boundary issues. They failed to demonstrate an understanding of the impact of termination issues in therapy. They often had poor therapeutic relationships with clients, families and carers, and did not actively build constructive relationships with colleagues.</p>	<p>Over the course of the placement, the trainee has consistently demonstrated an inability to engage with clients/families/ carers that indicates a major problem in recognising, acknowledging, understanding, and/or being aware of the emotional or psychological state of others. Or they have had an inappropriate contact/relationship with a client or family/carer. Or they were consistently unable to demonstrate an awareness of the importance of boundary and termination issues. Or they consistently failed to show awareness of issues of power to an extent that they have engaged in oppressive practice.</p>

	PASS	REFERRAL	FAIL
<i>Psychological Assessment</i>	The trainee demonstrated that they were able to conduct appropriate interviews, including taking a detailed history and incorporating observation skills. They demonstrated good use of interpersonal skills to encourage active participation of service users in the assessment process. They were able to plan an assessment in the context of wider information relevant to the problem, and select appropriate assessment procedures. They were able to administer and interpret psychometric, formal and idiosyncratic assessment measures. They were able to conduct an appropriate risk assessment.	The trainee has not developed skills of guiding an assessment interview such that relevant information was missing and/or there was a lack of awareness of what important information is required for assessment and/or they were unable to distinguish between relevant and irrelevant information. They often demonstrated a lack of awareness of supporting service users through the assessment process. They struggled to select, administer and interpret assessments despite supervisor guidance. They often failed to notice issues of risk and its importance in assessment.	The trainee has shown a significant lack of development in fundamental assessment such that relevant information was not obtained and procedures were not followed. They repeatedly failed to support service users through the assessment process, undermining them when gathering information. They were unable to adequately select, administer and interpret assessments, despite supervisor guidance. They failed to understand the importance of inclusion of psychometric assessment and its value. They did not demonstrate an awareness of the importance of risk.
<i>Psychological Formulation</i>	The trainee demonstrated that they could hypothesise and use theory and assessment evidence to develop a formulation, and use this to develop a coherent action plan and recommendations for others. They were able to reformulate problems and situations in light of further information. They were able to incorporate individual systems, lifespan and socio-political contexts in formulations. They were able to use psychological formulations with clients to facilitate their understanding of their experience.	The trainee repeatedly struggled to use theory to understand clients' presentations and to develop an action plan based on this. They repeatedly struggled to integrate new information into the client's formulation. They demonstrated a lack of awareness of individual systems and wider socio-political contexts when formulating. They repeatedly struggled to feed back coherent formulations to clients and/or showed a lack of awareness of the importance of formulation in helping clients to gain an understanding of their experience.	The trainee was unable to synthesise information to develop formulations to inform interventions. Theoretical knowledge and theory practice links were absent and the socio-political context was not considered. The original formulation was upheld despite contradictory evidence. They consistently demonstrated a lack of awareness of the need for formulation feedback to clients.

	PASS	REFERRAL	FAIL
<i>Psychological Interventions</i>	The trainee demonstrated that they have knowledge of the empirical basis of interventions, including knowledge and critical appraisal of relevant literature. They were able to competently carry out the procedures in the action plan. They could draw on and apply model-specific competencies in their work. They made theory – practice links and adapted their approach or techniques to the individual needs of clients and carers. They utilised and interpreted appropriate measures and critically assessed the outcome of their work.	The trainee repeatedly struggled to maintain theory-practice links or use model-specific approaches adequately during interventions, including carrying out procedures from the action plan when it was not clinically indicated. They often demonstrated limited knowledge of the empirical and theoretical basis to interventions in their attempts to apply techniques. They demonstrated poor utilisation of measures and/or the use of inappropriate measures.	The trainee was unable to adapt intervention models to individual needs either in terms of the action plan, or how it was used flexibly session to session. They were unable to demonstrate knowledge of the empirical and theoretical basis to interventions. They were not able to adequately assess when further intervention was inappropriate.
<i>Evaluation and quality improvement work</i>	The trainee demonstrated competence to use research and evaluation skills in clinically related or service activity. They were able to plan and organise data collection. They provided coherent feedback to the service and understood their contribution to change and service development processes.	The trainee demonstrated a lack of awareness of department evaluation and auditing procedures. They struggled to use research skills to meet service needs. They were disorganised in planning and data collection. They provided incoherent feedback.	The trainee refused to adhere to departmental auditing procedures without explanation. The trainee's own interests dominated over service needs. Data collection was haphazard or not completed. The trainee failed to feedback to service despite ample opportunity to do so.

	PASS	REFERRAL	FAIL
<i>Communication and Teaching</i>	<p>The trainee demonstrated good ability to write timely letters and reports of the work undertaken. Reports were clear, comprehensive and concise, expressed the aims of the intervention clearly and demonstrated adequate and careful outcome assessment. They were able to provide coherent oral reports of work undertaken. They demonstrated awareness of their role in engaging the public and colleagues about psychological perspectives, showing good ability to plan and prepare appropriately for both formal and informal teaching (e.g. consider the aims and needs of participants, methods available to support learning and facilitate cooperative engagement). They used appropriate language, were responsive to participants and adapted content accordingly.</p> <p>They monitored the effectiveness of their communication and utilized structured feedback mechanisms, as well as self appraisal.</p>	<p>The trainee's letters and written reports were frequently poorly structured, imprecise, poorly formulated or late. Oral reports were often muddled, confused and incoherent. The trainee demonstrated a high degree of reluctance to take on teaching/training role despite encouragement. The trainee demonstrated consistently poor planning for and appreciation of informal/formal teaching and education. The trainee demonstrated a lack of awareness of the effectiveness of their communication in terms of their engagement, and failed to provide the information required for the audience.</p>	<p>The trainee's oral and written communication either consistently failed to communicate the nature of their assessment, formulation and intervention, or was absent or incomplete despite opportunity and support from the supervisor. The trainee consistently failed to consider the needs of audience or goals of communication in relation to informal/formal teaching resulting in ineffective or inappropriate communication despite guidance. The trainee consistently failed in planning and preparation either due to disorganisation or lack of awareness.</p>

	PASS	REFERRAL	FAIL
<i>Organisational and systems influence and leadership</i>	<p>The trainee demonstrated their ability to work collaboratively with others including using a consultancy model, supervision or mentoring. They worked with multidisciplinary teams (e.g. meetings, case conferences) to contribute to the development of psychological thinking. They demonstrated an understanding of the organization of the professional setting in which the placement was based and the development of processes involved in the service delivery systems. They demonstrated an understanding of the interface with other services and agencies, relevant legislation and national planning, and the salient issues for clients and their families/carers (including professional practice guidelines). They demonstrated their ability to work with service users and carers to facilitate their involvement in service planning and delivery.</p>	<p>The trainee demonstrated a poor understanding of the contributions of other professionals. They often struggled to manage differences of professional opinion. The trainee frequently needed prompting to seek the opinion or involvement of other professionals or to contribute a psychological perspective themselves. They demonstrated a lack of awareness of the relevance of the organisational context, the psychologist's role in service development and influence in systems.</p>	<p>The trainee demonstrated an inability to consider or value the contribution of other professionals. They were unable to recognise, tolerate or accept differences in opinion. The trainee was unable to recognise when to seek an opinion from/involve other staff. The trainee devalued, dismissed and/or denigrated the experience of partners/families/carers. The trainee did not appreciate the need to understand/make sense of the organisational context (philosophy, channels and routes of communication, roles and functions).</p>

	PASS	REFERRAL	FAIL
<i>Personal and professional skills and values</i>	<p>The trainee demonstrated professional attitudes (reliable and responsible, open to learn, exhibiting an ethical framework for all aspects of the work). They managed an appropriate case and workload (took responsibility for this and was prepared to negotiate; were able to prioritise; demonstrated a developing ability to take on and plan work after general discussion; recognised when further consultation was necessary; and requested assistance when in difficulty). They recognised and understood inherent power imbalances and how these may be minimized. They worked effectively with difference and diversity in individuals' lives. They demonstrated an awareness of professionals' codes of conduct (including the HCPC code of conduct and guidance on conduct and ethics for students), of NHS values and of local policies and procedures.</p>	<p>The trainee frequently demonstrated an unprofessional attitude (e.g. often late, unreliable and not always open to learning without reasonable explanation, at times has an unconscientious approach). They often demonstrated an inability to recognise when task is beyond their capacity and did not seek support appropriately. They demonstrated reason for concern regarding their ethical framework. The trainee demonstrated a lack of awareness of codes of conduct and local procedures.</p>	<p>The trainee portrayed a reluctance and resistance to developing knowledge and skills. The trainee continued to demonstrate a prejudicial attitude towards a client group, or area of clinical work, or group of colleagues despite supervisor intervention. The trainee was unreliable, irresponsible, and lacked a conscientious approach. The trainee gave little or no importance to confidentiality or obtaining informed consent. The trainee demonstrated an inability to prioritise or manage an appropriate caseload. Despite support, they were unable to recognise when a task was beyond their capacity.</p>
<i>Reflective Practice</i>	<p>The trainee demonstrated a range of personal development strategies. They showed an awareness of power imbalances and how these impact on others' lives and effect the work, and of how their own personal history influences their work.</p>	<p>The trainee frequently demonstrated a lack of self awareness in relation to the importance of personal development strategies and/or issues of power imbalance. There was either a lack of understanding of the relevance or an avoidance of thinking about issues for themselves and service users. Or they frequently struggled to distinguish the clients' needs and their own.</p>	<p>The trainee demonstrated a significant of lack of insight into the impact of themselves on others, power issues and/or their own vulnerabilities. They had poor personal development strategies and/or lacked awareness of the importance of the importance of their own fitness to practice. The trainee consistently failed to distinguish between own personal history from that of the client(s).</p>

	PASS	REFERRAL	FAIL
<i>Use of supervision</i>	The trainee demonstrated their ability to understand the roles of both supervisor and supervisee in the supervision process. They prepared for supervision and engaged in the supervisory process. This included asking for access to knowledge and learning, giving and receiving feedback and constructive criticism, and willingness to join in a shared debate, in supervision where there is an emphasis placed on mutual value and respect. They utilised supervision to discuss support issues and needs (including the knowledge and awareness of the boundaries between supervision and personal therapy).	The trainee was often late for supervision and continued this practice even when it was raised. They were consistently poorly prepared for supervision. They regularly demonstrated reluctance to discuss clinical work or be observed. They demonstrated an inability to think outside one theoretical model and were often defensive. They were unable to reflect on how their personal attitude was directing consideration of the clinical work. They experienced significant difficulty in receiving feedback and were often defensive.	The trainee persistently failed to attend supervision sessions. They were unwilling to discuss clinical work or allow direct or indirect observation. They demonstrated extreme defensiveness or rigid adherence to one theoretical model. They seemed unable to consider that personal attitudes were directing consideration of clinical work. They behaved in an inappropriate or unprofessional way towards the supervisor (see the HCPC guidance on conduct an ethics for students).

4. The overall evaluation of clinical and professional competence the trainee has demonstrated on placement is made to the course by the coordinating supervisor(s) and allows for three choices:
 - a. A "Pass" indicates that the trainee has reached a satisfactory level of competence as appropriate to his/her current stage of training. Trainees who have been rated "Pass" on every area of competence, or rated "Referral" on no more than one competency in section B should be given a "Pass" on the overall evaluation.
 - b. A "Referral" indicates that there are more concerns than would be expected at this stage of training about the trainee's clinical competence, and that these concerns need to be improved upon in future placements for the trainee to be deemed clinically competent. Trainees who have been given a rating of "referral" on two of the competencies in section B should be given a "referral" on the overall evaluation. Please see note above with regard to the exception of the final placement.
 - c. A "Fail" indicates that the trainee is having a serious and significant amount of difficulty in developing the competencies appropriate to this stage of training. Trainees who have been given a rating of "referral" on three or more competencies in section B, or a "fail" on any one competency, should be given a "fail" on the overall evaluation.

5. Following completion for the form, the trainee should have the opportunity to read it and add their comments on what the supervisor has written. The coordinating supervisor and trainee should then meet to discuss the form and

- write the feedback that is to be passed to the supervisor on the next placement together.
6. After receiving and discussing the ECC form, the trainee also completes a practice learning feedback form, the placement resource audit and the Practice Learning Portfolio which logs the work undertaken on placement and records the trainee's model-specific competency development. All these documents are read and signed electronically by the coordinating supervisor.
 7. The trainee will then submit the ECC form and the rest of their practice learning documentation electronically to the training course. The trainee's line manager will read the ECC form, the Practice Learning Portfolio and the trainee's feedback forms and, on the basis of this and their knowledge of the trainee and the placement, decide whether they concur with the supervisor's recommendation. If they do not agree the manager and coordinating supervisor should meet to produce a resolved recommended grade. If they are unable to resolve a grade then the information will be passed to a third assessor, normally a Course Director.
 8. The recommended grade will be presented at the Board of Examiners. In the event of a disagreement between the line manager and the coordinating supervisor, the third assessor's recommended grade and the relevant information will be presented in order for the Board to make a final decision about clinical competence.
 9. Trainees will be informed of the results of their evaluation of clinical competence following the meeting of the Board of Examiners.
 10. In the event of a trainee receiving a referral on one or more competencies in their Evaluation of Clinical Competence form, they will be required to demonstrate significant improvement in those competencies on the next placement. This will mean that previously referred competencies can only receive a fail or pass grade on the next placement. Overall referral of an Evaluation of Clinical Competence constitutes referral of one assessment.
 11. In the event of a trainee receiving an overall fail of their Evaluation of Clinical Competence, this will constitute failure of one assessment. The trainee's line manager will recommend a course of remedial action which may involve a repeat of the full placement (i.e. the placement days will be deemed not to have counted to the overall number required), or additional placement days to address particular aspects of competence (partial placement), or specific opportunities to develop particular competencies on the next placement. The next assessment of these competencies can only award a pass or a fail.