Canterbury Christ Church University

Salomons Centre for Applied Psychology

DOCTORATE IN CLINICAL PSYCHOLOGY (D.CLIN.PSYCHOL)

ASSESSMENT HANDBOOK

The British Psychological Society
Accredited

Academic Year 2017/18
(2012, 2013, 2014 and 2015 Intakes)

Revised October 2021

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

ASSESSMENT HANDBOOK

CONTENTS

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LIST OF APPENDICES

LIST OF RELEVANT INFORMATION CONTAINED ON Blackboard

Document	Location on Assessment Blackboard board
Extenuating Circumstances policy as operated by this programme	General Info/FAQ
Faculty Quality Committee Constitution	• Assessment Handbook • 2011-2015 Intakes • Other Relevant Information
Examiners' Assessment Forms for: • Assessment of Clinical Skills Part 1 • Assessment of Clinical Skills Part 2 • Team Policy Report: Policy Review • Team Policy Report: Reflective Accounts • Team Policy Presentation • Quality Improvement Project • Critical Review • Professional Practice Report: Direct work • Major Research Project • Supplementary Report	
Major Research Project Declaration	
Guidance to examiners for written feedback & writing on scripts	
Ethics Policy on Archival Data	

LIST OF RELEVANT INFORMATION AVAILABLE ON THE INTERNET

Document	Location
University's policies, procedures and guidance, including Fitness to Practise, Plagiarism, Appeals Procedure	https://www.canterbury.ac.uk/our-students/ug-current/policy-zone
DCP Guidelines on Language in Relation to Functional Psychiatric Diagnosis	https://www.bps.org.uk/power-threat-meaning-framework/resources-training/training-materials
Extenuating Circumstances procedures and Request Form	https://www.canterbury.ac.uk/our-students/ug-current/academic-services/assessments/extenuating-circumstances
Turnitin Guidance for Students	https://www.canterbury.ac.uk/our-students/ug-current/academic-services/assessments/plagiarism
University's approach to preventing and dealing with plagiarism	https://www.canterbury.ac.uk/our-students/ug-current/academic-services/assessments/plagiarism
Role Description for External Examiners	https://www.canterbury.ac.uk/quality-and-standards-office/external-examiners/external-examiners.aspx
HCPC Guidance on Conduct and Ethics for Students	http://www.hpc-uk.org/assets/documents/10002D1BGuidanceonconductandethicsforstudents.pdf
CTCP/BPS Criteria for the Accreditation of Courses	https://www.bps.org.uk/psychologists/accreditation/education-providers

Document	Location
Surrey and Borders Partnership NHS Foundation Trust Policies, including Capability, Disciplinary and policy on Consent and Confidentiality for the Use of Clinical Material for Educational Purposes	https://www.sabp.nhs.uk/aboutus/policies
HCPC Standards of Proficiency for Practitioner Psychologists	https://www.hcpc-uk.org/standards/standards-of-proficiency/practitioner-psychologists/
HCPC Standards of Education and training	https://www.hcpc-uk.org/resources/standards/standards-of-education-and-training/
University's Student Study Support	https://www.canterbury.ac.uk/students/current-students/study-skills/study-skills.aspx
The Capital Community College guide to grammar and writing	http://grammar.ccc.commnet.edu/grammar/
Purdue University Online Writing Lab	http://owl.english.purdue.edu
APA Style Guide	http://www.apastyle.org/

ASSESSMENT SYSTEM

1. Introduction

Under the regulations for the Doctorate in Clinical Psychology (D.Clin.Psychol.), Canterbury Christ Church University (CCCU), candidates are assessed across the broad range of capabilities and competencies required of a qualified clinical psychologist. The full Regulations and Conventions for the award are attached as Appendices 1 and 2 and the conventions and guidance are detailed in Section 6 of this document. The university's policies, procedures and guidance are available at http://www.canterbury.ac.uk/student-support-health-and-wellbeing/policies-and-procedures/policies-and-procedures.aspx. The Clinical Psychology Programme has been accredited by the Health & Care Professions Council, British Psychological Society and validated by Canterbury Christ Church University (CCCU). This means that successful candidates can register with the HCPC as practitioner psychologists, practise as clinical psychologists in the UK and receive the Canterbury Christ Church University Doctorate in Clinical Psychology. The following describes the structures, procedures and processes involved in the assessment of the Doctorate in Clinical Psychology. The Assessment Handbook is distributed to all members of the Board of Examiners and candidates and is available on the programme Blackboard board (Virtual Learning Environment) and the Programme's website. The handbook provides information and/or direction to all relevant guidelines and marking standards for the award. The Programme Director takes particular responsibility for the organisational arrangements for the Assessment System and is Deputy Chair of the Board of Examiners.

2. The Salomons Centre for Applied Psychology Organisational Structures

The Salomons Centre for Applied Psychology is part of the School of Psychology, Politics and Sociology within the Faculty of Social and Applied Sciences, Canterbury Christ Church University, and is based at the David Salomons Estate at Tunbridge Wells. The Centre is accountable to CCCU for ensuring the delivery of high quality programmes leading to University academic awards through the Research Degrees Subcommittee (RDSC). The Programme Director, or their nominated programme team member, is a member of the RDSC. The RDSC has responsibility for monitoring and ensuring the effective operation of the quality processes and procedures of programmes governed under the Research Degrees Academic Framework, under which the Doctorate in Clinical Psychology sits. All Research degrees are approved by the Academic Board. Discussion of the progress and developments in the Doctorate programme is also held at the Faculty Board. Appointments to the Board follow the usual CCCU protocols and procedures, in that the Chair is appointed by the Dean of Faculty and the Deputy Chair is the Programme Director. The Board of Examiners is chaired by a senior member of Canterbury Christ Church University not involved in significant programme delivery.

The Board of Examiners has the responsibility to organise the assessment procedures and set, conduct and mark Programme assessments within the framework of the CCCU General Regulations, the Research Degrees Academic Framework and of the Regulations and Conventions specific to this Programme.

The Board of Examiners has authority delegated to it by the Research Degrees Subcommittee to reach final decisions on candidates' results (see Figure 1).

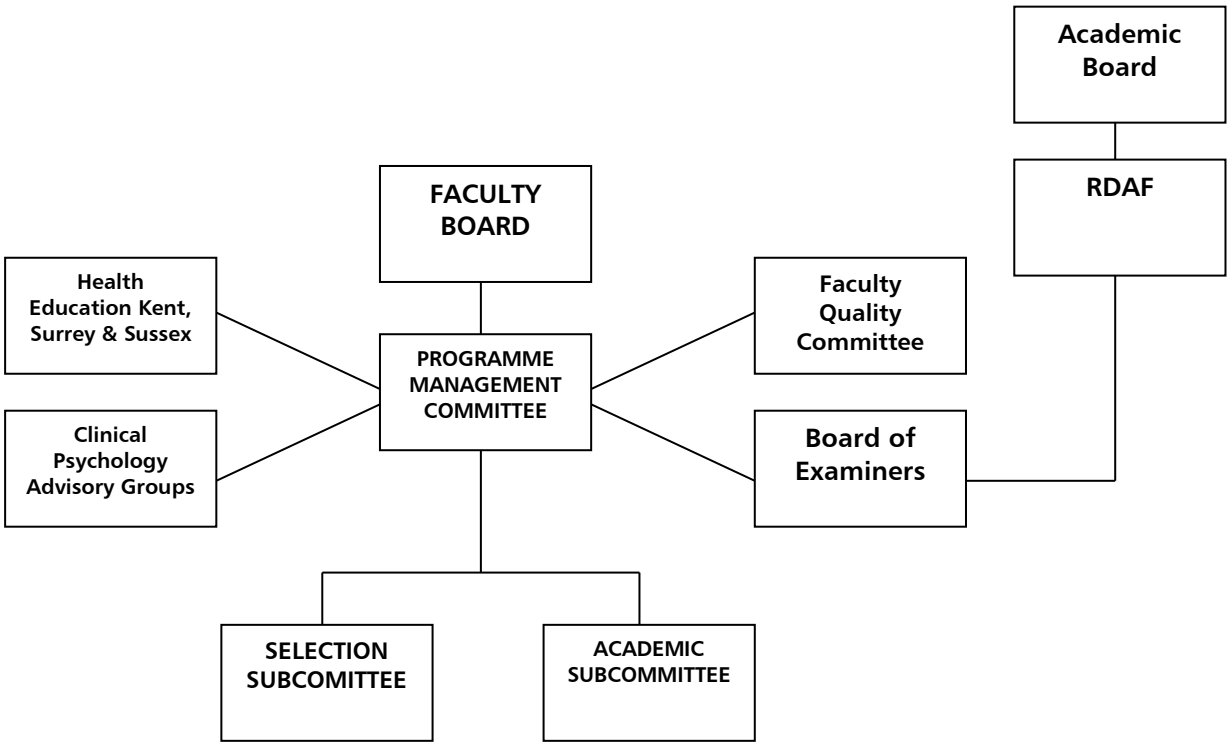

Figure 1. Organisational Chart Illustrating Relationships between the Committees and Boards Related to the Programme

3. Assessment of the Doctorate in Clinical Psychology

3.1 Registration and Time Limits

The Regulations and Conventions for the award of the D.Clin.Psychol. are attached as Appendices 1 and 2 and the conventions are detailed in Section 6. The minimum time limit for the completion of the full programme is three years. A full time candidature shall normally lapse after a period of five years from the date of registration. This time limit may only be extended in exceptional circumstances. This means that, in effect, all submission and resubmission of work must normally be completed within five years of beginning the Programme.

3.2 Assessment Requirements

To be eligible for the Award of Doctorate in Clinical Psychology, candidates must pass:

Across all years:

- pass all Evaluations of Clinical Competence (ECC) detailed in the forms completed by supervisors (a minimum of five evaluations are required

which must cover all required placement-based work and meet in full the competency requirements of the Health & Care Professions Council and British Psychological Society) receiving a referral on an ECC form may be addressed on a subsequent placement (if involving one or two referred competencies) and these must be passed, and in this case the candidate is eligible for the award without needing to repeat a placement; if a competency does not pass again in a subsequent placement that will result in placement failure.

- successfully complete Practice Learning Log Books for all placements to achieve a confirmed and cumulative record of clinical experience (a minimum of five log books are required which must cover all required placement based work and meet in full the requirements of the Health & Care Professions Council and British Psychological Society);
- in *addition* to both of the above - successfully complete a minimum number of 333 placement days overall, or a greater number of days where this is necessary to achieve the required professional competencies.

Year 1 assessments:

- the Assessment of Clinical Skills which consists of two parts evaluated independently:
  - Part 1: Formulation and Evidence for Intervention Review of 3,000 words, excluding reference lists and appendices.
  - Part 2: Basic Therapeutic and Professional Skills assessment, consisting of a visual or audio tape of a therapeutic session (max 50 mins), an annotated transcript of this session and a clinical viva.
- the Quality Improvement Project of 4-5,000 words, excluding reference lists and appendices;
- a Team Policy Report of 5,000 words, consisting of a team review (3,500 words) and an individual reflective account (1,500 words), excluding reference lists and appendices;
- a Team Policy Report Presentation (formative assessment only).

Year 2 assessments:

- two Professional Practice Reports of Direct Work of 5,000 words, excluding reference lists and appendices;
- one Critical Review of the literature of 5,000 words, excluding reference lists and appendices.

Year 3 assessments:

- one Professional Practice Report of Direct Work of 5,000 words, excluding reference lists and appendices;
- all assessments of the Major Research Project:
  - a Research Proposal (maximum 2,500 words) must be approved by the deadline set in the Research Handbook (Guidance on preparation for the MRP proposal is in the Research Handbook);

- the report of the Major Research Project will comprise,
  i) a Literature Review Paper (minimum 6,000 – maximum 8,000 words)
  ii) an Empirical Paper (minimum 7,000 – maximum 8,000 words)
  iii) all word counts exclude reference lists and appendices.
- a Supplementary Report of 2,000 words, excluding reference lists.
- a Reflective Professional Development Report of 4,000 words, excluding reference lists and appendices.

The following sections provide an overview of the assessment requirements for the Doctorate. More details on the timing of assessments are described in Appendix 4.

3.3 Fitness to Practise and Codes of Conduct

Trainees are required to meet the Health & Care Professions Council standard:

"1a.1 be able to practise within the legal and ethical boundaries of their profession

- understand what is required of them by the Health & Care Professions Council"[1]

Trainees are advised that they should read thoroughly the HCPC guidance on these issues at the following link: http://www.hpc-uk.org/assets/documents/10002D1BGuidanceonconductandethicsforstudents.pdf.

All university students are expected to adhere to the university Code of Professional Conduct, which can be found at: http://www.canterbury.ac.uk/support/student-support-services/students/student-procedures.asp

If there are concerns with regard to a trainee's fitness to train or practise they may be taken through the university 'fitness to practise' policy (http://www.canterbury.ac.uk/support/student-support-services/students/student-procedures.asp). Such concerns will also be raised with their employer, Surrey and Borders Partnership NHS Foundation Trust, who may choose to take them through their Capability/Disciplinary or other associated policies (http://www.sabp.nhs.uk/foi/policies/).

3.4 Submission Deadlines

Deadlines for submission of all assessments will be published at the start of each academic year. A Schedule of Deadlines for the year will be available on Blackboard. Failure to submit assessments by the date required, without

[1]Standards of Proficiency: Practitioner psychologists (2009), Health & Care Professions Council

following the Extenuating Circumstances Policy (see below), will normally result in a fail mark being recorded for that piece of work.

3.5 Extenuating Circumstances Requests procedures

Please see the information on Blackboard specific to this programme; there are different arrangements for some assessments, e.g. Major Research Projects and Reflective Development Reports.

As a student, you are expected to complete your assessments, including examinations and other time-constrained assessments, on time. However, there are occasions when there might be a short-term disruption to your studies because of an unexpected occurrence or event outside your control that arose through your illness or through misfortune. This unexpected occurrence or event is one that either prevented you from completing an assessment or impaired (that is affected) your performance in a specific assessment. If you have problems that are likely to affect you for a longer period of time, which lasts for several weeks or more, you should talk to your Programme Director as soon as you are able.

If you need to make an extenuating circumstances request, you must put the request in writing to your Programme Director following the procedures which are set out at http://www.canterbury.ac.uk/handbook/extenuating-circumstances. On this webpage you will also find a form for you to complete; you will also have to make a personal statement about the circumstances. Sometimes, you may need to provide supporting independent evidence to accompany your request. There is a list of the circumstances that are considered acceptable for extenuating circumstances and when you may need to provide supporting evidence.

3.6 Copying and Plagiarism

Plagiarism policy

The University is committed to fair assessment procedures for all students. Our Plagiarism Policy is designed to help you in understanding what plagiarism is and how to avoid it in your work. For the policy and guidance on avoiding plagiarism please see: www.canterbury.ac.uk/plagiarism

Through the Blackboard virtual learning environment you will be asked to routinely submit your coursework (with occasional exceptions) through an online service called Turnitin. By comparing your work with information on the Internet, with databases of journal articles and other published work the service can help you and your tutors to identify where your writing needs to be refined to acknowledge the work of others. You will have the opportunity to submit at least one draft, and check the results from Turnitin yourself, for each piece of work you submit. To help you check your own work, your tutors will give you advice on what to look for. Your tutors will also explain how Turnitin will be used to help detect plagiarism in your assessed work, this is referred to as 'Originality Checking'. For more information and guidance please see: http://www.canterbury.ac.uk/turnitin

PLAGIARISM is the act of presenting the ideas or discovery of another as one's own. To copy sentences, phrases or even striking expressions without

acknowledgement in a manner which may deceive the reader as to the source is plagiarism; to paraphrase in a manner which may deceive the reader is likewise plagiarism. Where such copying or close paraphrasing has occurred, the mere mention of the source in a bibliography will not be deemed sufficient acknowledgement; in each such instance it must be referred specifically to its source. Verbatim quotations must be directly acknowledged, either in inverted commas or by indenting.

DUPLICATION OF MATERIAL means the inclusion in course work of a significant amount of material which is identical or substantially similar to material which has already been submitted by the candidate for the same or any other course at the university or elsewhere. Candidates should not duplicate material in this way. Where candidates are permitted to choose the title of a piece of course work, they should be careful to avoid making a selection which might result in overlap between that and any other course work. Candidates who feel that they might need to cover similar ground in two pieces of course work should consult their supervisors in both courses.

If a candidate has been found to be guilty of plagiarism or duplication of material through the University's procedures, normally the trainee will also be taken through the employer's disciplinary procedures as this constitutes an infringement of expected professional practice.

3.7 Presentation

Word counts should be exact and must include **all free text as well as quotations, footnotes etc**. Word counts should exclude title page, contents page, figures, diagrams, tables and reference list **at the end of the report**. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

Candidates should submit stapled copies of all work (except the Major Research Project which should be comb-bound). An electronic copy will also be required. Work should be typed with double line spacing and the font size should be a minimum of 12. All work should be paginated and follow the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26). Candidates are encouraged to use double-sided printing where possible.

Please note that the DCP has developed a short document "Guidelines on Language in Relation to Functional Psychiatric Diagnosis" (http://www.bps.org.uk/system/files/Public%20files/guidelines_on_language_web.pdf) and the principles detailed here are expected to be followed in all communications, written and verbal. Clinical placements may have their own guidelines for these matters with regard to their own communications, which should be respected and followed for placement reports and other communications within placement. The DCP guidelines are, however, the required ones to be followed for all academic submissions.

4. The Board of Examiners

The Board of Examiners is responsible for the assessment of candidates. This Board comprises the Chair, who is a senior member of the University, the Programme Director (Deputy Chair) or the Deputy Chair's nominee, a representative from Registry, the External Examiners, Programme Team and clinical psychologists selected to examine the assessments.

4.1 Programme Team

All members of the Programme Team are members of the Board of Examiners. Members of the Programme Team cannot mark work where they have provided significant advice and support.

4.2 Selection and Role of Non-Team Examiners

All work is marked by two examiners; some of these examiners may not be programme team members but local, practising clinical psychologists, often clinical supervisors. All of these examiners are full members of the Board of Examiners. These examiners will meet the following criteria:

a) be Clinical Psychologists and HCPC registered with the exception of those marking research reports QiPs and Team Policy Reports where such a qualification is not required;;

b) have a minimum of three years' experience post eligibility for registration, with the exception of QiPs where one year's experience is required;

c) have experience of supervising a minimum of one trainees on placement with the exception of those marking research reports or Team Policy Reports where no supervising experience is required;

d) have experience relevant to the assessment they are examining;

e) demonstrate evidence of Continuing Professional Development;

f) demonstrate evidence of continuing professional development relevant to supervision where marking work based on clinical experience (i.e. not applicable to QiPs or Team Policy Reports);

g) attend Examiners' Training Courses.

Examiners should not examine assessments where they have supervised or played a significant role in assisting trainees in the production of those reports.

4.3 Recruitment and Training of Examiners

Non-programme team Examiners are recruited by the Programme and must supply a CV which demonstrates that they meet the relevant criteria. Once

appointed, examiners, who are full members of the Board of Examiners are expected to attend Board meetings where work they have assessed is being discussed. All new examiners are required to attend an Examiners' Training Workshop and are usually paired with an experienced examiner when they begin marking.

4.4 Recruitment and Role of External Examiners

External Examiners are nominated by the Board of Examiners and approved and appointed by the university's Academic Board. The university's Role Description for External Examiners can be found in the University's Assessment Procedures Manual:

http://www.canterbury.ac.uk/quality-and-standards-office/regulation-and-policy-zone/regulation-and-credit-framework.aspx.

All external examiners will normally be HCPC registered and this will be checked at the point of recruitment. The role of the External Examiner includes the responsibilities detailed below.

a) Membership of the Board of Examiners.

b) Commenting on the topics for the Critical Review.

c) Commenting on the examination, marking and feedback of the programme assessments. A sample, and all fails and referrals from each assessment, will be sent to external examiners prior to the relevant meeting of the Board of Examiners.

d) Assisting the Programme's Board of Examiners and Internal Examiners resolve significant disagreements in marking programme assessments.

e) Commenting on the programme's overall assessment strategy.

f) Contributing to the consideration of mitigating circumstances and concessions where required.

g) Contributing to the assessment of all cases of fail and referral performance across all assessments with the exception of referral on one placement competency.

h) Commenting on individual research proposals, if required, for the Major Research Project through the Research Director.

i) Marking the Major Research Project.

j) Conducting a viva voce on the Major Research Project with an Internal Examiner.

k) Signing and authorising the recommendation made to CCCU on the relevant Board paperwork.

l) Producing an annual report for CCCU about the assessment process and a final report at the end of each cohort of trainees/candidates.

m) Producing a report about the programme to the British Psychological Society's Committee on Training in Clinical Psychology at the time of any accreditation or review process, if required.

All external examiners are expected to follow the most recent relevant QAA Guidelines for External Examining.

5. Procedures and Timing of Assessments

The table in appendix 4 details the general timings of submissions of the assessments. Detailed schedules of assessments are provided to all trainees and examiners at the start of each academic year. This schedule specifies the submission date for each assessment and the dates of the Board of Examiners.

6. Programme Conventions including Failure

The Programme operates under the conventions detailed below.

a) To be eligible for the award of the Degree, candidates must pass all assessments.

b) Assessments will be graded as follows:

Pass
Pass with Conditions
Not passed (leading either to a Referral or a Fail)

Definitions of each grade category for each assessment are included in the marking criteria contained within the Assessment Handbook. The grade categories for the Major Research Project are different and outlined in appendices 21 and 22.

c) A candidate who fails to submit coursework by the date required without good prior reason will normally receive a mark of a fail for that piece of work.

d) The consequences of referral and fail marks for coursework are specified below.

i) All assessments except the ECC and placement assessments and the Major Research Project

Candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a student

has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

ii) *ECC and Placement Assessments*

Candidates receiving a referral on their evaluation of clinical competence form will be required on the next placement to achieve a pass on the specific competencies for which they received a referral, i.e. they can only be assessed as having achieved a pass or fail *on this specific competency*. In the rare event a 'Not applicable' rating has been given to the competence previously rated as a referral the candidate will be required to meet this competence on the subsequent placement. Referral of an Evaluation of Clinical Competence constitutes referral of one assessment.

In the event of a candidate receiving a fail on their Evaluation of Clinical Competence, this will constitute failure of one assessment. Candidates receiving a Fail on their Evaluation of Clinical Competence will be required to be reassessed in the specialty placement concerned and achieve a pass on completion of this reassessment. In the event of a placement reassessment, candidates will not be able to be awarded a referral on this assessment; they can only achieve a pass or a fail. In the event of a candidate failing the Evaluation of Clinical Competence on a placement reassessment, or a second placement, this constitutes course failure.

iii) *Major Research Project*

Upon resubmission of a revised and resubmitted MRP, in order to pass the course (subject to all other requirements also being met) and receive the Doctorate, the candidate must receive a mark of Pass, Pass with Minor Corrections or Pass with Major Corrections. Failure to obtain one of these three marks will result in programme failure.

f) All candidates for the degree will receive a viva voce examination which will include an External Examiner, the focus of which will normally be the Major Research Project.

g) A candidate will normally be deemed to have failed the Programme if:

i) receive a fail on two Evaluation of Clinical Competence assessments (Placement); or
ii) do not pass a second reassessment (see (5) above); or
iii) receive a Referral or Fail on six assessments (including both first attempts, first reassessment attempts and placements);
iv) fail to complete the work required for the degree within the time limits laid down in the regulations for the course; or

v) are dismissed from their employment.
vi) demonstrate unsatisfactory progress or attendance, when the Board of Examiners may recommend that Research Subcommittee should terminate the candidate's registration and require him/her to withdraw from the University.

7. APPEALS POLICY

An Academic Appeal is defined as a request for a review of the decision-making of a body (such as a Board of Examiners, or panel established to investigate plagiarism or other academic misconduct) charged with making academic decisions on progression, assessment, academic conduct or awards. A Fitness to Practise Appeal is defined as a request for a review of the decision-making of a body (such as a fitness to practice panel) charged with making decisions relating to the student's conduct, competence and capabilities in relation to professional practice, taking into account the requirements of any relevant regulatory or statutory body. Please be aware that you are able to seek the support and representation of the Student Union when making an appeal. The full policy is available from the following web link: http://www.canterbury.ac.uk/student-support-health-and-wellbeing/policies-and-procedures/policies-and-procedures.aspx

8. BOARD OF EXAMINERS' MEETINGS

The Board of Examiners meets normally on three or four occasions each academic year. These meetings are in November, February, May/June and September. Each Board may consider submissions relating to progression and outcome.

9. AWARDING THE DOCTORATE

At the September meeting of the Board of Examiners, normally all completing candidates' marks will be considered and the award decision sheet will be completed by the Programme, signed by the Chair of the Board of Examiners and External Examiners. These candidates will receive their results and confirmation of the award by letter normally by the end of September. The degree will not be awarded until the final copies of the candidate's work are submitted to the Programme. The distribution of awards will take place at Canterbury Christ Church University's Congregation ceremony at Canterbury Cathedral, in the following year.

Once the candidate is informed of confirmation of the award, having completed all placements and academic work including conditions, their name will be forwarded to the HCPC and they may then apply to be registered as a clinical psychologist.

10. EXIT AWARD

10.1 A degree of a Postgraduate Diploma in Applied Psychology-Mental Health may be awarded to a candidate if they have completed and passed specified

assessments in year one and two of the D.Clin.Psychol., if for whatever reason they discontinue their studies before completion of the doctorate.

10.2 The award of PGDip. in Applied Psychology-Mental Health does **not** confer any eligibility to practice as an applied psychologist and does **not** make the award bearer eligible to apply to the HCPC for registration. It is in recognition of the accomplishment of a period of advanced study in the field of applied psychology and mental health.

10.3 The exit award marks the achievement of the following defined learning outcomes at level 7. Upon successful conclusion of the PGDip. in Applied Psychology-Mental Health, the student will be able to demonstrate:

10.3.1 The ability to critically review and evaluate policy within the professional, political and social context of health and social care delivery.

10.3.2 The capacity to contribute effectively and work productively in a team context to achieve shared academic and professional goals.

10.3.3 Self direction and originality in applying the principles of service evaluation and quality improvement including the stages of design, ethical consideration, data collection, interpretation and dissemination within an active service context.

10.3.4 A conceptual understanding that enables the design and conduct of advanced literature reviews conducted to address specified questions about areas of professional knowledge or practice.

10.3.5 The ability to critically evaluate current research and academic publications within a defined area and to draw independent conclusions about the relevance of this to professional practice and to future research.

10.3.6 A comprehensive understanding of the principles and practice of assessment, formulation and intervention within the context of supervised work with a service user, or group, in a specified domain of clinical work.

10.3.7 The capacity to critically reflect on work undertaken from a psychological perspective and thus learn and develop independently in the context of practice.

10.3.8 The ability to summarise and present work undertaken effectively, both orally and in written form.

10.4 To demonstrate achievement of the above learning outcomes, and thus to complete this award, the candidate must have submitted and passed the following elements of the programme:

	Assessment	Word length	Submission due
1	Team Policy Review a) Team review b) Individual report c) Presentation	 3,500 1,500 n/a	 May/June year 1 May/June year 1 July year 1
2.	Quality Improvement Project	4,000-5,000	September year 1
3	Critical Review	5,000	May/June year2
4	Professional Practice Report (Child or Disability)	5,000	July year 2

10.5 Guidance regarding these assessments is contained in the D.Clin.Psychol. Assessments Handbook, appendices 12-20.

10.6 The decision to award a PGDip. in Applied Psychology-Mental Health will be made by the Board of Examiners of the Doctorate in Clinical Psychology.

10.7 Should the candidate discontinue their employment with the NHS, which is a requirement for the continued registration on the D.Clin.Psychol, they may, at the discretion of the Board of Examiners, complete the Diploma but they may be charged tuition fees in line with other self-funded Diploma candidates.

Ref: 004\CCCU\REGULATIONS\2011 Revised October 2021

CANTERBURY CHRIST CHURCH UNIVERSITY

REGULATIONS FOR THE DOCTORATE IN CLINICAL PSYCHOLOGY (D.Clin.Psychol)

1. PREAMBLE & DEFINITION OF TERMS

1.1 Candidates may proceed under these Regulations to the Degree of Doctor in Clinical Psychology. This is an approved programme under the Health & Care Professions Council (HCPC) and only those graduating from this programme can use the protected title 'Clinical Psychologist'.

1.2 No aegrotat award of the Degree of Doctorate in Clinical Psychology shall be given as this is an approved award which confers professional status under the HCPC.

1.3 Where the words 'examination' or 'assessment' appear in these Regulations, they shall be taken to refer to any examined or assessed component of the Degree including a viva voce examination.

2. ENTRY REQUIREMENTS

2.1 The Research Subcommittee may approve the registration of a candidate for the Degree of Doctor in Clinical Psychology providing that it has been satisfied that he/she usually possesses a first class or good second class honours degree in Psychology which confers Graduate Basis for Chartered (GBC) Membership status from the British Psychological Society (BPS). Holders of other qualifications in Psychology will be considered individually.

2.2 All candidates must be in employment which permits them to practise as a trainee.

Note 1: *All candidates should be reasonably assured of the financial support needed to complete the programme proposed.*

Note 2: *Applicants are advised that registration for programmes involving formal coursework can normally only take effect from the starting date given in the published particulars of the programme in question.*

3. CREDIT EXEMPTION

3.1 There is no credit exemption on this programme.

4. PROGRAMME OF STUDY

4.1 A candidate registered for the Degree of Doctor in Clinical Psychology is required to follow a programme of advanced clinical study and research approved by the Research Subcommittee and under the supervision of a member or members of staff of the University and to be assessed according to the requirements set by the Research Subcommittee for that qualification.

5. PERIODS OF STUDY

5.1 A candidate must be registered on full-time basis.

5.2 The period of registration for the programme is a minimum of 3 years and a maximum of 5 years following initial registration.

6. ATTENDANCE

6.1 Candidates will attend the Salomons campus, or other designated centres, for the whole period of the programme except that, with the approval of the Research Subcommittee, part of the prescribed period of registration may be spent elsewhere.

7. DISCRETIONARY POWER

7.1 In cases of illness or other good cause the Research Subcommittee may permit a candidate to interrupt the prescribed period of study for a stated length of time. A candidate may apply to the Research Subcommittee to vary the conditions attached to his/her registration. The Research Subcommittee shall, if the application be approved, determine the length of the programme, any further period of attendance required and any other conditions attached to the registration.

7.2 In the event of unsatisfactory progress or attendance, the Board of Examiners may recommend that Research Subcommittee should terminate the candidate's registration and require him/her to withdraw from the University.

Note: *The power to vary conditions attached to registration (paragraph 7.1) and termination (paragraph 7.2) will normally be delegated to the Board of Examiners.*

7.3 If the student is supported through employment by the NHS and this employment is terminated then their registration with the University shall also be terminated.

7.4 Any student whose registration is terminated under the provisions of paragraph 7.2 of these Regulations, may request a review of his/her case by the Research Subcommittee. The decision of the Research Subcommittee in the matter shall be final.

8. EXAMINATION

8.1 A candidate must:

8.1.1 fulfil all the requirements of such written, practical or clinical work as the Research Subcommittee or the Board of Examiners concerned may require by such dates as may be prescribed;

8.1.2 present for examination two comb bound copies of the Major Research Project and three copies of the other work that is required for the Programme. At the end of the programme work should be submitted in accordance with the instructions issued to candidates;

8.1.3 present himself/herself for viva voce examinations unless specifically exempted from this requirement by the Board of Examiners;

8.2 The composition of the Major Research Project must be wholly the candidate's own work and must embody the results of the candidate's research during the period of registration. A candidate is required to show in the Major Research Project appropriate ability to conduct an original investigation, to test ideas, whether the candidate's own or those of others, and to understand the relationship of the theme of his/her investigation to a wider field of knowledge. The Major Research Project should be relevant to the form of clinical practice studied and describe the links with the relevant literature; candidates should demonstrate within the Major Research Project their capacity to understand the link between their

research and clinical practice. The candidate is also required to show appropriate ability in the organisation and presentation of his/her material in the Major Research Project.

Where a Major Research Project is based in whole or in part on collaborative work, the extent of this collaboration must be clearly indicated in the Major Research Project. Any material which repeats the ideas or discoveries of another must be clearly identified and the author acknowledged. Failure to do so will be regarded as plagiarism. Any material which the candidate has previously presented and which has been accepted for the award of an academic qualification, at this University or elsewhere, must be clearly identified in the Major Research Project. Such material will be ignored by the Examiners in deciding whether the candidate is worthy of the award of the Degree.

8.3 A candidate shall remain eligible to present a Major Research Project for such further period after the completion of the prescribed period of registration as may be determined by the Board of Examiners provided that during this period he/she pays such annual fees as may be prescribed and submits such reports on progress as may be required by the Board of Examiners. Upon completion of this eligibility, a candidate may, if for good and sufficient reason the Board of Examiners so decides, remain eligible to present a Major Research Project for one or more further periods of not more than 12 months on payment of a prescribed fee.

8.4 If a candidate provides evidence satisfactory to the Board of Examiners of illness or of other urgent and reasonable cause which prevented him/her from submitting assessments, required for an examination, by the due date, then the Board of Examiners shall allow the candidate a deferment to submit such assessments as it may require at a time not later than one year after the normal time of examination. Such evidence shall be submitted in writing, through the Deputy Chair of the Board of Examiners together with supporting evidence (including, in the case of illness, a medical certificate) not later than the day prior to the submission deadline of the part of the assessment to which it relates. In exceptional circumstances, the Academic Board may extend this time limit if he/she is satisfied that it is appropriate to do so.

8.5 After examining all assessments presented by the candidate and considering the results of the viva voce examination, the Examiners, at their discretion, may recommend to the Research Subcommittee:

8.5.1 that the degree of Doctorate be awarded (Pass) subsequent to all other marked submissions being passed;

8.5.2 that the degree of Doctorate be awarded subject to certain minor corrections being carried out to the satisfaction of the Internal Examiner within three months of the official notification to the student of the recommendation of the Examiners and subsequent to all other marked submissions being passed;

8.5.3 that the degree of Doctorate be awarded subject to certain major corrections being carried out to the satisfaction of the Internal Examiner, and the External Examiner in cases where both examiners feel this necessary, within six months of the official notification to the student of the recommendation of the Examiners and subsequent to all other marked submissions being passed;

8.5.4 that the degree of Doctorate be not awarded at present but that the student be permitted to resubmit the thesis in a revised form not later (except in cases of illness or other good cause) than twelve months after the decision to allow resubmission has been made by the Research Degrees Sub-committee. A new viva voce examination will be required;

8.5.5 in cases where the student submits a thesis judged satisfactory by the Examiners for the award of the degree of Doctorate but fails to satisfy the Examiners in the oral examination, that the degree be not awarded at present but that the student be permitted to take a further oral examination, normally not later than six months after the decision to allow this has been made by the Research Degrees Sub-committee;

8.5.6 that the degree of Doctorate be not awarded but that the degree of PGDip. in Applied Psychology-Mental Health be awarded if the Board of Examiners considers that the candidate has met the criteria for this award;

8.5.7 that no degree be awarded.

8.6 *Fees*

8.6.1 The fee for the first examination of a candidate is included in the tuition fees.

8.6.2 A candidate who repeats a written or viva voce examination in whole or in part or resubmits an Major Research Project must pay the fee prescribed and in force for the time being.

8.6.3 A candidate who submits a Major Research Project later than the date specified by the Research Subcommittee must pay the fee prescribed and in force for the time being.

8.6.4 The Research Subcommittee, on the recommendation of the appropriate Board of Examiners, may waive or reduce the payment of these fees in special circumstances.

8.6.5 The award of the Degree may be withheld where a student owes money to the University. Such students will not normally be informed of the recommendation of the Board of Examiners concerning them.

9. APPEALS

9.1 A candidate may appeal against a decision by the Board of Examiners in the following circumstances only:

9.1.1 where a resit or repeat has not been offered to a student following failure, without good reason

9.1.2 where a student believes their extenuating circumstances request was rejected without proper consideration

9.1.3 where a material administrative error has led to a particular negative academic outcome

9.1.4 where exams or coursework have not been conducted according to the current rules and regulations

9.1.5 where evidence can be provided from a qualified professional that has not previously been provided but shows that recent performance may have been impaired and the ability to apply for extenuating circumstances affected

a) shows the student's performance to have been materially affected; and

b) is, for demonstrable reasons, of a sort which the student could not reasonably have been expected to submit at the appropriate time under the University's extenuating circumstances procedures; and

c) has not previously been received and reviewed by the University; and

d) relates to one or more assessment/s recent enough to have been considered when the Board of Examiners or other academic body last made a decision relating to the student.

9.2 Evidence will not be accepted which:

9.2.1 calls into doubt the academic or professional judgement of the Examiners; or

9.2.2 relates to the candidate's failure to fulfil the requirements of paragraphs 8.1.1 and 8.1.2.

Note: *The University's Appeals Procedures are set out in detail on the following website*

http://www.canterbury.ac.uk/student-support-health-and-wellbeing/policies-and-procedures/policies-and-procedures.aspx

10. PROCEDURE & DELEGATION OF POWERS

10.1 The Academic Board, Research Subcommittee and Committees that have been charged with responsibilities under these Regulations may delegate such of their powers as they may from time to time see fit. The exercise of such delegated powers shall on each occasion be reported to the next following meeting of the delegated body as that body shall from time to time direct.

11. POWERS OF DISPENSATION

11.1 On the recommendation of the Board of Examiners the Academic Board may in special circumstances dispense a candidate from any of these Regulations.

EXPLANATORY NOTES

These notes are provided for the guidance of candidates and do not form part of the Regulations.

1. Candidates are required to submit two comb bound copies for examination and are advised that they will require a further copy of their Major Research Project for use in the viva voce examination.

2. Once candidates have been informed by the Board of Examiners that they have passed the course, they are required to submit their work for access in the library according to the instructions provided by the programme.

3. Candidates are advised that they may, if they wish, submit for publication material which is to be included in their Major Research Project before submission of their Major Research Project.

4. (a) Candidates should note that conciseness of presentation, consonant with the prescribed length of the assessments, is an essential part of "appropriate ability in the organisation and presentation" of their material which they are required to demonstrate in accordance with Regulation 8.1.2.

   (b) Unless approval has been obtained from the Board of Examiners, the length of assessments must not be less than the specified minimum.

   (c) Examiners are entitled to refuse to examine assessments where the maximum length specified has been exceeded.

5. Detailed specifications relating to assessments and the examination of particular elements of the programme are set out in the Validation Document and in the Assessment and Regulations Handbook.

6. If a candidate submits an appeal under the terms of section 9 or requests a review of his/her case under the terms of section 7 of these Regulations, a final decision may be delayed until the term following the request.

April 2011

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

Course Regulations Including Failure

The Programme operates under the conventions detailed below.

1. To be eligible for the award of the Degree, candidates must pass all assessments.

2. Clinical placements will be assessed on a pass/fail basis.

3. Assessments (except the Major Research Project) will be graded as follows:

   Pass
   Pass with Conditions
   Not passed (leading either to a Referral or a Fail)

   The Major Research Project will be graded as follows:

   Pass
   Pass with Minor Corrections
   Pass with Major Corrections
   Revise and Resubmit
   That no degree be awarded.

   Definitions of each grade category for each piece of work are included in the marking criteria contained within the Assessment Regulations Handbook.

4. A candidate who fails to submit course work by the date required without good prior reason will normally receive a mark of a fail for that piece of work.

5. The consequences of referral and fail marks for course work are specified below.

5.1 *Professional Practice Reports: Direct Work, Assessment of Clinical Skills Parts 1 and 2, Team Policy Reports, Critical Reviews, Quality Improvement Project and Supplementary Report*

Candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a student has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure (see section 7). If any assessment is not passed at second reassessment attempt, this constitutes course failure.

5.2 *Evaluation of Clinical Competence*

Candidates receiving a referral on their evaluation of clinical competence form will be required on the next placement to achieve a pass on the specific competencies

for which they received a referral, i.e. they can only be assessed as having achieved a pass or fail *on this specific competency*. In the rare event a 'Not applicable' rating has been given to the competence previously rated as a referral the candidate will be required to meet this competence on the subsequent placement. Referral of an Evaluation of Clinical Competence constitutes referral of one assessment.

In the event of a candidate receiving a fail on their Evaluation of Clinical Competence, this will constitute failure of one assessment. Candidates receiving a Fail on their Evaluation of Clinical Competence will be required to be reassessed in the specialty placement concerned and achieve a pass on completion of this reassessment. In the event of a placement reassessment, candidates will not be able to be awarded a referral on this assessment; they can only achieve a pass or a fail. In the event of a candidate failing the Evaluation of Clinical Competence on a placement reassessment, or a second placement, this constitutes course failure.

5.3 *Major Research Project*

In the event of Major Corrections being resubmitted and not obtaining a Pass with Minor Corrections or a straight Pass, the case should be referred to the Research Degrees Sub-committee. In the event of Major Corrections being resubmitted and not obtaining a Pass with Minor Corrections or a straight Pass, the case should be referred to the Research Degrees Sub-committee.

Upon resubmission of a revised and resubmitted MRP, in order to pass the course (subject to all other requirements also being met) and receive the Doctorate, the candidate must receive a mark of Pass, Pass with Minor Corrections or Pass with Major Corrections. Failure to obtain one of these three marks will result in programme failure.

6. All candidates for the degree will receive a viva voce examination usually in their third year which will include an External Examiner, the focus of which will normally be the Major Research Project.

7. A candidate will normally be deemed to have failed the Programme if:

i) receive a fail on two Evaluation of Clinical Competence assessments (Placement); or

ii) do not pass a second reassessment (see (5) above); or

iii) receive a Referral or Fail on six assessments (including both first attempts, first reassessment attempts and placements);

iv) fail to complete the work required for the degree within the time limits laid down in the regulations for the course; or

v) are dismissed from their employment.

vi) demonstrate unsatisfactory progress or attendance, when the Board of Examiners may recommend that Research Subcommittee should terminate the candidate's registration and require him/her to withdraw from the University.

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

Learning Outcomes and Assessment Methods

No.	Learning Outcome	Assessment Methods
1	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	ECC Form Assessment of Clinical Skills Part 1 Quality Improvement Project Critical Review Major Research Project
2	A reflective approach to practice and for this to be evident in terms of a high level of self awareness (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (context reflection).	ECC Form Reflective Development Report Team Policy Report Critical Review Assessment of Clinical Skills Part 2
3	An advanced and critical understanding of, and ability to apply, at least four 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.	ECC Form Log Book PPR: Direct Work Critical Review Assessment of Clinical Skills Part 2
4	An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for colleagues and other professionals and service users, openness and an awareness of the limits to competence.	ECC Form PPR: Direct Work Assessment of Clinical Skills Part 2 Quality Improvement Project Major Research Project
5	A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts and to have the transferable skills to apply these in complex and unique circumstances.	ECC Form Log Book PPR: Direct Work Assessment of Clinical Skills Part 1 Assessment of Clinical Skills Part 2 Team Policy Report

No.	Learning Outcome	Assessment Methods
6	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.	ECC Form PPR: Direct Work Assessment of Clinical Skills Part 1 Assessment of Clinical Skills Part 2 Quality Improvement Project
7	A detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.	PPR: Direct Work Assessment of Clinical Skills Part 1 Assessment of Clinical Skills Part 2 Quality Improvement Project Team Policy Report Team Policy Presentation Supplementary Report
8	A commitment to services and the development of inclusive services which seek to empower service users.	ECC Form PPR: Direct Work Assessment of Clinical Skills Part 1 Quality Improvement Project Major Research Project
9	An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships and strong working relationships.	ECC Form PPR: Direct Work Assessment of Clinical Skills Part 2 Team Policy Presentation Quality Improvement Project Major Research Project
10	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.	ECC Form PPR: Direct Work Quality Improvement Project Reflective Development Report Team Policy Report Team Policy Presentation Supplementary Report
11	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.	ECC Form Team Policy Report Reflective Development Report Assessment of Clinical Skills Part 1 Supplementary Report
12	An approach to learning and development which recognises the need for it to be life long in order to remain professionally and clinically competent, and the skills necessary to systematically acquire, synthesize and critique complex and detailed bodies of knowledge.	ECC Form PPR: Direct Work Reflective Development Report Major Research Project

Timeline of assessments (and interim research deadlines)

Submissions due	December	January	March/April	May/June	June	July	August/Sept	September
Year 1		QIP proposal deadline: last Friday in January	Team Policy Report & Reflective Account Assessment of Clinical Skills part 1	MRP proposal deadline: last Friday in May	Assessment of Clinical Skills part 2 MRP proposal reviews	Team presentation Clinical vivas	Practice Learning Documentation Stage 1	QIP
Year 2			Child or Disabilities PPR (1st 6 month placement) Practice Learning Documentation Stage 2a		Child or Disabilities Critical Review			Child or Disabilities PPR (2nd 6 month placement) Practice Learning Documentation Stage 2b *MRP Part A
Year 3			Practice Learning Documentation Stage 3a MRPs	MRP vivas	OP/Supp PPR (1st 6 month placement)	Supplementary Report (2nd 6 month placement)	Practice Learning Documentation Stage 3b Reflective Development Report (first Friday in Sept)	
Year 4 (in exceptional cases)	Deferred MRP							
Board of Examiners	**February**	**N/A**	**May/June**	**May/June**	**September**	**September**	**September**	**November**

*To be negotiated with MRP supervisors

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

EVALUATION OF CLINICAL/PROFESSIONAL COMPETENCE

MARKING CRITERIA AND GUIDANCE FOR SUPERVISORS

Learning Outcomes

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

- 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 (personal refection) and an advanced awareness of the perspectives of other individuals, groups and organisations (context reflection).
- An advanced and critical understanding of, and ability to apply, at least four theoretical models on which clinical psychology draws (in particular, behavioural, cognitive, systemic and psychodynamic) and to be able to adapt the theoretical model to work effectively in highly complex and novel contexts occurring throughout the lifespan.
- An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for colleagues, other professionals and service users, openness and an awareness of the limits to competence.
- A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts 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.
- An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships and strong working relationships.
- The capacity to work effectively in multi-professional teams in partnership with other professionals 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 the constraints encountered during the course of training and thereby demonstrate a readiness for practice.
- An approach to learning and development which recognises the need for it to be life-long in order to remain professionally and clinically competent, and the skills necessary to systematically acquire, synthesize and critique complex and detailed bodies of knowledge.

Marking Criteria

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

Pass
Referral[1]
Fail

Please provide qualitative 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 as well as 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.

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 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 theory-practice links and adapt interventions within differing theoretical models to individual needs. They can conduct appropriate research and use departmental evaluation and auditing procedures. 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. 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. They exhibit an active and continuous commitment to developing self knowledge and self awareness, and they prepare effectively for and engage in 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.

[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.

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 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 or behaviour. The trainee may not have demonstrated sufficient self awareness or may not have engaged adequately in the supervision process. NB This grade cannot be awarded to a final placement as all competencies must have been met by the end of the programme. Any competencies that would have been awarded a referral had it been an earlier placement in the programme 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 programme fail.

Fail. The trainee's clinical competence is below an acceptable standard for their stage in training despite support and guidance from supervision. **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 for coordinating supervisors in making the assessment is available from Trust

Training Co-ordinators (TTCs). In cases of potential placement failure, it is recommended that coordinating supervisors consult with their TTC and/or another senior colleague.

	PASS	**REFERRAL**	**FAIL**
Therapeutic Relationships	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 demonstrated understanding of oppressive practice. They exhibited skills in maintaining rapport and working with challenges within the therapeutic relationship. They have shown an awareness of boundary and termination issues.	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.	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.

	PASS	REFERRAL	FAIL
Assessment	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.
Clinical Formulation	The trainee demonstrated that they could use theory in developing 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 and socio-political context 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 use 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
Intervention	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 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 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. 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.
Evaluation and Quality Improvement Work	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.	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
Communication and Teaching	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 good ability to plan and prepare appropriately for both formal and informal teaching (consider the aims, the needs of participants, methods available, and the use of handouts and teaching aids). They facilitated the cooperative engagement of the training group (with use of appropriate language, an awareness of responses from the training group and adaptation of content to a changing process). They monitored the effectiveness of their communication and utilized structured feedback mechanisms, as well as self appraisal.	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 informal/formal teaching. 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.	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.

	PASS	REFERRAL	FAIL
Organisational and Inter-Professional Work	The trainee demonstrated their ability to work collaboratively with others (clients/partners/ families/carers/ colleagues) including using a consultancy model. They contributed to multidisciplinary teams (e.g. meetings, case conferences). They demonstrated an understanding of the organization of the professional setting in which the placement was based and the 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.	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. They demonstrated a lack of awareness of the relevance of the organisational context.	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).

	PASS	REFERRAL	FAIL
Professional and Ethical Practice	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 recognized 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) and of local policies and procedures.	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.	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.
Reflective Practice	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.	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.	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).

	PASS	REFERRAL	FAIL
Use of supervision	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 <u>overall</u> evaluation made to the course by the coordinating supervisor(s) regarding the trainee's clinical competence, allows for <u>three</u> choices:
   a. A "Pass" indicates that the trainee has reached a satisfactory level of competence as appropriate to his/her current stage of training. Trainee's who have been rated "Pass" on every area of competence 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 <u>one or two</u> 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 <u>"referral" on three or more</u> competencies in section B, or a <u>"fail" on any one</u> 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. The trainee also completes a practice learning feedback form, placement resource audit and a log book of the work undertaken on placement which are read and signed by the coordinating supervisor.

7. The trainee will then submit the ECC form and the rest of their practice learning documentation to the training programme. The trainee's line manager will read the ECC form, the log book 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 Programme 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 their Evaluation of Clinical Competence, they will need to demonstrate significant improvement in those competencies on which they were referred on the next placement. This will mean that, for those competencies, they can only receive a fail or pass grade on the next placement. Referral of an Evaluation of Clinical Competence constitutes referral of one assessment.

11. In the event of a trainee receiving a fail on 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.

SALOMONS: CANTERBURY CHRIST CHURCH UNIVERSITY
Doctorate in Clinical Psychology

EVALUATION OF CLINICAL/PROFESSIONAL COMPETENCE FORM

Trainee's Name: _____

Coordinating Supervisor's Name(s): _____

Additional Supervisor's Name(s): _____

Description of the Placement: _____

Dates of the Placement: _____

Number of days on placement: _____

Notes on Completing this Form:

This form has 6 sections. When completing it please refer to the marking criteria for clinical/professional competence. All boxes can be expanded to accommodate comments if the form is completed electronically. If handwritten, extra sheets can be attached wherever these become necessary

Section A: Record of direct observation of the trainee's work

This section asks you to record how many times you have observed the trainee's practice and comment on their response to these observations and your feedback.

Section B: Comments on the trainee's competence and skills

This section asks you to comment on and rate the trainee's clinical competence.

For each subsection on the form please provide qualitative comments of the trainee's strengths and developmental needs in relation to that area of clinical competence compared to what would be expected at their stage in training. Developmental needs maybe those aspects in which the trainee needs to continue to develop but are not of significant concern.

Then please provide a rating of Pass, Referral or Fail for each area of clinical competence. Guidance on what may constitute a Pass, Referral or Fail is available in the marking criteria for clinical/professional competence. Again the trainee should be rated according to their stage in training. If insufficient activity has taken place to rate any section of the form then a rating of Not Applicable should be made.

Section C: Evaluation by service users

Whilst the majority of the ECC form is to be completed by the trainee's coordinating supervisor/s, there is one additional section which requires completion by a service user.

Appendix 1 requires completion by a service user with whom the trainee has been actively involved in offering psychological help. The trainee has a range of options for eliciting such client feedback. S/he may either use the attached rating form (Appendix 1) if it is considered appropriate to the client group, or amend it in such a way as to make it appropriate, or use an existing client evaluation form used by the service where the trainee is on placement. Whichever form is used must be attached to the ECC form. The process of approaching a particular service user to request such feedback needs to be fully discussed with the supervisor prior to being undertaken.

In section C you can comment on the choice of service user and their feedback.

Section D: Trainee's comments

In this section the trainee can comment on their own view of their learning on placement and your feedback on their clinical competence.

Section E: Supervisor's overall rating

The overall evaluation made to the course by the coordinating supervisor(s) regarding the trainee's clinical competence, allows for three choices. A "Pass" indicates that the trainee has reached a satisfactory level of competence as appropriate to his/her current stage of training. Trainee's who have been rated "Pass" on every area of competence in section B should be given a "Pass" on the overall evaluation.

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 one or two of the competencies in section B should be given a "referral" on the overall evaluation. NB a referral grade ***cannot*** *be given for a final placement. Please see Clinical / Professional Competence Marking Criteria.*

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.

Section F: Information for the next supervisor

This section requires you and the trainee to summarise the main challenges, areas of development, and learning needs from this placement to be passed on to the next supervisor. If the trainee has been given an overall rating of "Referral", it is important that those competencies which were referred in Section B be specified on this form so that the coordinating supervisor on the next placement know that these can only be rated as "pass" or" fail" by them.

ECC Form Appendix 2: Practice Learning Feedback and Placement Resource Audit Form
Whilst not part of the evaluation of the trainee, the trainee is required to provide feedback on their learning on the placement using this form. Two copies should be submitted.

A note on placement days

What can be counted as a placement day: If trainees are required or obtain permission to attend course meetings or conferences on placement days they can normally still be counted as placement days. Study and annual leave do not count as placement days.

In the case of sickness the first three days of a period of sick leave on a maximum of two occasions in a six month placement can be counted as placement days. For the longer first year placement, the first three days of a period of sick leave may be counted on a maximum of three occasions. Emergency leave days (e.g. for caring responsibilities) may also be counted as placement days in this way as well but must be included with any sick days so that together the maximum limits of the allowance outlined above are not exceeded. The number of such days included in the total should be indicated for monitoring purposes.

EXPERIENCE GAINED ON PLACEMENT

The work completed on this placement will be documented in the Trainee's Log book. However, it would be helpful to record here any special features of the placement or unusual experiences gained which it may be important to consider when reading this form.

SECTION A: RECORD OF DIRECT OBSERVATION OF TRAINEE'S WORK

It is essential that trainees be directly observed by their supervisor(s) [and receive feedback on such observation] on EACH placement during training in order for their clinical competence to be accurately assessed. Observation can be done in a variety of ways, including: joint work; observation using audio or video; transcripts or process notes, etc.

Trainees should receive a minimum 25 observations over 3 years of which a minimum of 10 in Year 1; 10 in Year 2; and 5 in Year 3.

Please record all observations of trainees in work on placement below.

	Number of Assessment Sessions Observed	***Number of Treatment Sessions Observed***
Direct Observation of Trainee's Work (sitting in or using one-way screen)		
Sessions undertaken jointly by Supervisor and Trainee		
Observation using audio or video recording		
Transcripts / Detailed Process Notes		

Please comment on the trainee's openness to direct observation and review of their work through the use of observation. Please comment on the use made of such observation and what was learned through this work.

SECTION B: COMMENTS ON THE TRAINEE'S COMPETENCE AND SKILLS

For each of area of competence please comment on the trainee's strengths and developmental needs and then rate their level of competence for their stage in training as Pass, Referral or Fail, using the clinical competence marking criteria as guidance.

1 THERAPEUTIC RELATIONSHIPS

Please comment on and rate the trainee's ability to facilitate and maintain therapeutic alliances with clients, carers, groups and staff and to manage challenging situations in those relationships.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standards of Proficiency:

- *1a.1 To be able to exercise a professional duty of care and to be able to practice within the legal and ethical boundaries of the profession.*
- *1a.2 To be able to practice in a non-discriminatory manner*
- *1a.3 Understand the importance of and be able to maintain confidentiality*
- *1a.4 Understand the importance of and be able to obtain informed consent*
- *1a.5 To be able to exercise a professional duty of care*
- *1b.1 To be able to work, where appropriate, in partnership with other professionals, support staff, patients, service users, and their relatives and carers.*
- *1b.4 Understand the need for effective communication throughout the care of the service user.*

Strengths and areas of progress:

Developmental needs:

RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

2 ASSESSMENT

Please comment on and rate the trainee's ability to select, administer and interpret psychometric and idiosyncratic assessments, including risk assessments.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standards of Proficiency:

- *2a.1 To be able to identify and gather appropriate assessment information (including assessing social context and organizational characteristics)*
- *2a.2 To be able to select and use appropriate assessment techniques (including the use of formal assessment procedures such as standardized psychometric instruments, systematic interviewing procedures and other structured methods of assessment*
- *2a.3 To be able to undertake or arrange investigations as appropriate*
- *2b.4 To be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully*

Strengths and areas of progress:

Developmental needs:

RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

3 FORMULATION

Please comment on and rate the trainee's ability to develop and use formulations, to prepare an action plan, and to reformulate in the light of further information.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standards of Proficiency:

- *2a.4 To be able to analyse and critically evaluate information corrected*
- *2b.1 To be able to use research, reasoning and problem solving skills to determine the appropriate actions*
- *2b.3 To be able to formulate specific and appropriate management plans including the setting of timescales*
- *2b.4 To be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully*
- *3a.1 Know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice e.g.;*
  - *Understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation*
  - *Understand more than one evidence-based model of formal psychological therapy*

Strengths and areas of progress:

Developmental needs:

RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

4 INTERVENTIONS

Please comment on and rate the trainee's ability to make theory-practice links and adapt interventions within differing theoretical models to individual needs.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standards of Proficiency:

- *2b.1 To be able to use research, reasoning and problem solving skills to determine appropriate actions*
- *2b.2 To be able to draw on the appropriate knowledge and skills in order to make professional judgements, e.g.;*
  - *be able to make informed judgements on complex issues in the absence of complete information*
  - *be able to apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks, and psychological paradigms*
- *2b.4 To be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully, e.g.;*
  - *be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client*
- *2c.1 To be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly, e.g.;*
  - *be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user*

Strengths and areas of progress: *Developmental needs:*				
RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

5 EVALUATION AND QUALITY IMPROVEMENT WORK

Please comment on and rate the trainee's ability to conduct appropriate research and use departmental evaluation and auditing procedures, to be critically appraise research literature relevant to their clinical work, and use research skills in appropriately evaluating their work.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standards of Proficiency:

- *2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions, e.g.*
  - *recognise the value of research to the critical evaluation of practice*
- *2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly, e.g.*
  - *recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes*
- *2c.2 be able to audit, reflect on and review practice, e.g.*
  - *understand the principles of quality control and quality assurance*

Strengths and areas of progress: *Developmental needs:*				
RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

6 COMMUNICATION AND TEACHING

Please comment on and rate the trainee's ability to 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.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standard of Proficiency:

- *1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users their relatives and carers, e.g.*
  - *understand how communications skills affect the assessment of patients, clients and users, and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability*
  - *be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status*
  - *be able to select the appropriate means for communicating feedback*
  - *to clients be able to plan, design and deliver teaching and training which takes into account the needs and goals of the participants*
  - *be able to summarise and present complex ideas in an appropriate form*

Strengths and areas of progress:

Developmental needs:

RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

7 ORGANISATIONAL AND INTERPROFESSIONAL WORK

Please comment on and rate the trainee's knowledge of the organisational setting and ability to work collaboratively with other professionals and colleagues.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standards of Proficiency:

- *1b.1 To be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers (including understanding the need to engage service users and carers in planning, treatments and interventions to meet their needs and goals).*
- *1b.2 To be able to contribute effectively to work undertaken as part of a multidisciplinary team (including understanding the need to build and sustain professional relationships as both an independent practitioner and collaboratively as part of a team)*
- *3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice, e.g.;*
  - *understand the role of the clinical psychologist across a range of settings and services*
  - *understand leadership theories and models, and their application to service-delivery and clinical practice*

Strengths and areas of progress:

Developmental needs:

RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

8 PROFESSIONAL AND ETHICAL PRACTICE

Please comment on and rate the trainee's professional attitude and behaviour, including their awareness of power and socio-political issues, and their ability to work within the HCPC Code of Conduct and Guidance on Conduct and Ethics for Students.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standards of Proficiency:

- *1a.1 be able to practise within the legal and ethical boundaries of their profession*
- *1a.2 be able to practise in a non-discriminatory manner*
- *1a.3 understand the importance of and be able to maintain confidentiality*
- *1a.4 understand the importance of and be able to obtain informed consent*
- *1a.5 be able to exercise a professional duty of care*
- *1a.6 be able to practise as an autonomous professional, exercising their own professional judgement*
- *1a.7 recognise the need for effective self-management of workload and be able to practise accordingly*
- *1a.8 understand the obligation to maintain fitness to practise, e.g.*
  - *understand the need to practise safely and effectively within their scope of practice*
- *2b.5 be able to maintain records appropriately*
- *3a.3 understand the need to establish and maintain a safe practice environment*

Strengths and areas of progress: *Developmental needs:*				
RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

9 REFLECTIVE PRACTICE

Please comment on and rate the trainee's ability to demonstrate an active and continuous commitment to developing their self knowledge and self awareness as it relates to their practice.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standards of Proficiency:

- *1a.8 understand the obligation to maintain fitness to practise, e.g.*
  - *understand the need to keep skills and knowledge up to date and the importance of career-long learning*
  - *be able to manage the physical, psychological and emotional impact of their practice*
- *2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly, e.g.*
  - *be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care*
- *2c.2 be able to audit, reflect on and review practice, e.g.*
  - *understand the value of reflection on practice and the need to record the outcome of such reflection*

Strengths and areas of progress: *Developmental needs:*				
RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

10 USE OF SUPERVISION

Please comment on and rate the trainee's ability to prepare effectively and engage in the supervisor process.

Please bear in mind that, under supervision, the trainee needs to meet the following HCPC Standards of Proficiency:

- *2c.2 be able to audit, reflect on and review practice, e.g.*
  - *participate in quality assurance programmes, where appropriate*
  - *understand models of supervision and their contribution to practice*

Strengths and areas of progress:

Developmental needs:

RATING *(please circle)*	**PASS**	**REFERRAL**	**FAIL**	**N/A**

SECTION C – EVALUATION BY USERS

SERVICE USER EVALUATION: (Appendix 1)

Please comment on the process of selecting and obtaining feedback from a client. Comment on the content of the feedback and how the trainee responded to this.

SECTION D: TRAINEE COMMENTS

Please comment your view of your learning on placement and the feedback given on this form by your supervisor.

SECTION E: SUPERVISOR'S OVERALL RECOMMENDATION

Please give your overall rating for the trainee's clinical competence on this placement.

Trainees who have passed all competencies (including those with developmental needs) should be rated "Pass".

Trainees who have been given a referral on one or two areas of competence should be rated "Referral".

Trainees who have either been rated referral on three or more areas of competence or fail on at least one area of competence should be rated "Fail".

SUPERVISOR'S OVERALL RECOMMENDATION: *please circle appropriate rating*

PASS	REFERRAL (not an option for final placement	FAIL

Supervisor's Signature: ..... Date: .....

SECTION F: INFORMATION FOR NEXT SUPERVISOR
(not to be completed on final placement)

Trainee: …… Placement: ……..

In discussion with the trainee, please complete the following summary of the trainee's development on your placement for their next supervisor.

Areas of most significant development:

Most challenging aspects of work on this placement:

Most important areas to continue working on and significant gaps in experience:

If an overall recommendation of referral has been given, please specify below any competencies rated as "referral" so that the next supervisor knows that these can only receive a "pass" or "fail" on their placement. Details can be provided in the boxes above.

1.	*2.*

ECC FORM - APPENDIX 1: SERVICE USER EVALUATION FORM

Name of Psychologist: ***Date:***

We would be grateful if you could answer the following questions to give us an impression as to how helpful you have found the psychological service you have received. For each question, please circle the answer which applies to you. Thank you.

1. How long on average did you have to wait before being seen after you had arrived for your appointment?

More than 15 minutes	*between 5 & 15 minutes*	*between 0 & 5 minutes*
0	1	2

2. At your first appointment, were you received in a way that made you feel welcome and helped set you at ease?

Not at all	*somewhat*	*very much so*
0	1	2

3. Were you happy with the information that you were given about the work undertaken with you?

Not at all	*somewhat*	*very much so*
0	1	2

4. Did the psychologist understand your problem and how you felt about it?

Not at all	*somewhat*	*very much so*
0	1	2

5. Do you feel you were treated in a confidential and respectful way?

Not at all	*somewhat*	*very much so*
0	1	2

6. How satisfied were you with the help you received?

Not at all	*somewhat*	*very much so*
0	1	2

7. Have the psychological services you received helped you to deal more effectively with your problems?

Not at all	*somewhat*	*very much so*
0	1	2

8. If you needed help again, would you feel able to return to this service?

Definitely no	*not sure*	*definitely would*
0	1	2

9. If you had a friend who had similar problems, would you recommend that she/he seeks psychological help?

Definitely no	*not sure*	*definitely would*
0	1	2

Please add any further comments if you wish:

Canterbury Christ Church University

Salomons Centre for Applied Psychology

PRACTICE LEARNING FEEDBACK FORM

Placement Trust _____

Placement dates _____ **to** _____ **No. of days** _____

Placement Description _____

Supervisor(s) _____

Trainee _____ **Year of training** **1** ___ **2** ___ **3** ___

Please print <u>two</u> copies.

Please note that this form will be passed to the relevant Trust Training Co-ordinator.

Trainee Feedback: Placement Experience

- What features of the placement have you valued or benefited most from?

- Please specify any particular limitations, shortcomings or challenges of the placement?

- Has the level and amount of work you have undertaken on placement felt appropriate?

- Please suggest any ways that the placement might be developed or improved in the future?

- Are there any specific aspects of the placement induction, supporting materials or resources that could be enhanced?

Trainee Feedback: Supervision

Structure – (e.g. issues of availability, time, boundaries, organisation, etc.)

Content – (e.g. balance of presentation/discussion, feedback, theory-practice linking etc.)

Process – (e.g. quality of guidance/support, critical thinking, personal/professional reflection etc.)

- What aspects of supervision have you valued or found most helpful?

- Appropriateness of supervision to your particular developmental and training needs.

- Please identify any specific areas in which supervision could be developed/improved in the future.

Supervisor Feedback:

- Any comments about the trainee's feedback

- Comments on quality of support, guidance and documentation provided by the course

Canterbury Christ Church University

Salomons Centre for Applied Psychology

PLACEMENT AUDIT FORM

Placement Trust _____

Placement dates _____ **to** _____ **No. of days** _____

Placement Description _____

Supervisor(s) _____

Trainee _____ **Year of training** **1** __ **2** __ **3** __

2014 & 2015 cohorts: please print two copies

2016 & 2017 cohorts: please submit online - salomons.assessments@canterbury.ac.uk

Please note that this form will be passed to the relevant Trust Training Co-ordinator

TRAINEE SECTION: Please rate each item as: ***Y*** = *Yes*, ***N*** = *No* or ***P*** = *in Part*

A	Placement Resources	Y/N/P
1	Access to desk on placement days	
2	Access to telephone	
3	Access to secure filing/storage if required	
×4	Access to computer or laptop with internet access and a Trust user account	
5	Access to photocopier	
6	Access to test materials if required	
7	Access to adequate clinical space	
B	**Placement Induction**	**Y/N/P**
1	Pre-placement meeting/telephone call	
×2	Planned introduction to placement and provision of written materials	
×3	Guidance on service policies/procedures including health and safety	
4	Introduction to key people and their roles	
5	Orientation to available facilities, service setting and the organisation	
6	Orientation to service users and local community	
7	Completion of placement contract within first four weeks	
C	**Placement Activity**	**Y/N/P**
1	Progressive introduction to an appropriate quantity of clinical and service activity for the time available on placement	
×2	Protected learning time for trainees to reflect on practice	
×3	Practising in an environment that respects service users' rights (including confidentiality, privacy and dignity)	
4	Learning opportunities available through observing, or working alongside, skilled health care professionals other than the supervisor	
×5	Available guidance and support on placement; sensitive to equality, diversity and confidentiality issues	
6	Available support to notice, assess and manage risk appropriately, in such a way that service user safety is always understood to be paramount	
×7	Service user consent obtained when seen by a trainee; and also in relation to the trainee learning needs (for example, when service user's information is anonymously part of an academic assignment such as a case report)	

D	Supervision/Observation Arrangements	Y/N/P
1	At least one hour of scheduled individual supervision per week	
2	An additional hour of scheduled supervision either individual or group	
3	At least three hours per week total contact time with supervisor(s) (includes the above supervision, joint work, emails and discussions over the phone)	
4	Supervision times regular and consistent	
5	Opportunities to observe supervisor at work	
6	Opportunities to be observed directly or indirectly (audio/video) by supervisor	
7	Opportunities to observe or work jointly with other professionals	
8	Named alternative psychologist available as cover in the event of supervisor absence	
E	**Supervision Process**	**Y/N/P**
1	Meetings appropriately negotiated, structured and facilitated	
2	Adequate space for reflection	
3	Personal and professional development needs discussed and reviewed	
4	Issues concerning difference and power acknowledged/addressed	
5	Workload discussed and monitored	
6	Guidance on theory-practice links	
7	Advice on suitable reading	
8	Provision of timely positive feedback and support	
9	Provision of timely constructive critical feedback	
10	Process issues considered within supervision	
11	Assistance given with selection of Assessment of Clinical Skills 1 and 2 or Professional Practice Reports	
F	**Practice Evaluation and Monitoring**	**Y/N/P**
×1	Placement visited by course staff member	
2	Placement activity and Practice Learning Portfolio updated prior to placement review	
3	Outcome of mid placement visit used to inform remainder of placement	
4	ECC form discussed prior to submission at end of placement	
5	Practice learning feedback form discussed with supervisor before the end of the placement	
6	Adequate support available from programme staff during placement	

×Crosses against items indicate they are aggregated and reported to the education commissioners for quality assurance purposes. Content is informed by HCPC Standards of Education and Training (SET 5 Practice Placements) and Core Minimum Placement Provider Indicators (CMPPIs: Dept of Health 2010, Education Commissioning for Quality). Revised June 2017.

PLACEMENT AUDIT FORM: SUPERVISOR SECTION

The following items are based on the HCPC Standards of Education and Training (SET 5 Practice Placements) and Core Minimum Placement Provider Indicators (CMPPIs: Dept of Health 2010, Education Commissioning for Quality). The Salomons (CCCU) Programme is required to collect these data and report it in aggregate form to the education commissioners for quality assurance purposes. Please rate all items to the best of your ability. Thank you.

SUPERVISORS: please rate the following items as**: *Y* =** *Yes*, ***N*** = *No* or ***P*** = *in Part* as they apply to your placement

G	Supervisor Assessment of Placement Quality	Y/N/P
×**1**	The placement receives trainee evaluation feedback up to twice a year (via relevant sections of ECC form when a trainee completes the placement).	
×**2**	Trainee feedback is used to improve practice and learning (any placement development needs resulting from feedback are documented and attached).	
3	Co-ordinating supervisors collect and collate trainee feedback on their placements from the end of placement documentation. Any issues are discussed with the Trust Training Co-ordinator, or Trust placement organiser, (who informs the university as appropriate) and action plans are made to address them.	
×**4**	The co-ordinating supervisor has been encouraged to contribute to the training programme by, for example, participating in consultations, being invited to teach, examine or attend meetings, workshops (for example supervision workshops) at the university.	
×**5**	The co-ordinating supervisor prepares promptly for the placement once they receive notification that a trainee has been allocated.	
×**6**	The co-ordinating supervisor undertakes regular personal and professional development, enabling them to provide evidence-based teaching, assessment and practice (this can be evidenced through the supervisor's own appraisal).	
×**7**	The co-ordinating supervisor immediately notifies the university of any serious untoward incident, where a trainee's fitness for clinical training is called into question.	
×**8**	The co-ordinating supervisor ensures that the trainee receives timely and appropriate feedback on their performance and activity (as agreed between the university and placement provider).	
×**9**	Trainees have scheduled times with their supervisor at regular intervals to discuss their progress towards meeting their learning needs and placement contract requirements.	
×**10**	When applicable, the co-ordinating supervisor receives specific preparation (for example a discussion with the trainee's manager) in order to support their trainee if they have special learning needs. Reasonable adjustments are made to meet these needs.	
×**11**	Supervisors use a range of information to gather evidence about a trainee's skills and abilities.	
×**12**	Trainees are actively involved in self-assessment in the practice setting.	
13	Allowance is made within supervisors' workloads to ensure they have time to work with and assess their trainees' abilities and competence.	
×**14**	Supervisors are given protected time to complete assessment documentation, including evaluation forms and placement contracts as required.	
×**15**	The whole service contributes to each trainee's experience and promotes interprofessional learning.	

- Supervisor's appraisal of placement learning environment and supervision

Trainee signature _____ **Date** _____

Supervisor signature _____ **Date** _____

[x]***Crosses against items indicate they are aggregated and reported to the education commissioners for quality assurance purposes. Content is informed by HCPC Standards of Education and Training (SET 5 Practice Placements) and Core Minimum Placement Provider Indicators (CMPPIs: Dept of Health 2010, Education Commissioning for Quality). Revised June 2017.***

Practice Learning Log Book:

Notes for Guidance

Introduction

The practice learning log book provides a cumulative record of the range of practice experience gained during the course of the programme. It is completed by the trainee in consultation with their coordinating supervisor(s) and counter-signed by the supervisor(s) as an accurate record. It is used to summarise the range of experience a trainee has gained on the course and thereby identify gaps and training needs. It is therefore important that the log is maintained carefully and that it is submitted to the course at the specified times as part of the overall assessment procedure.

Completion of the Log Book:

The log book needs to be completed/updated prior to each placement visit, as a tool for review, and at the end of each placement as a means of formal assessment. At the end of each placement the updated copy needs to be signed by the trainee and the coordinating supervisor(s) and submitted to the course by the specified deadlines. The log book is then used as part of the overall assessment of each trainee's progress which is submitted to the Board of Examiners. Ideally the log book should be maintained on a reasonably regular basis and used as a tool for regular review, feedback and planning within supervision.

Structure of the Log Book:

The log book consists of two components:

Part 1: Client work log
Part 2: Service activity and shared learning log

1. The **client log** provides summary information on every client seen or worked with during the course of training.

2. The **service activity and shared learning log** provides an additional record of the range of meetings attended, liaison work or contacts, teaching/consultation activities and any training events attended while on practice placements.

Each of the above components are completed so as to provide:

1. A summary of the experience gained over each separate placement.
2. A cumulative summary of all experience gained up to the end of the last placement.

For convenience each placement is identified by the number of the year/stage in the following manner:

1 *= the first year placement*
2a *= first placement in year two*
2b *= second placement in year two*
3a *= first placement in year three*
3b *= second placement in year three.*

Guidance on Completing the Client Log

The client log is comprised of three different forms: a client record sheet, a six-month summary sheet and a cumulative summary sheet.

Client log sheet:

This is a simple checklist form which is **not submitted to the course** but provide a means to record in anonymous way general descriptive information concerning every client who has bee seen or worked with. This includes observed work, joint work and indirect work as well as independent work conducted by the trainee. Some categories of information are mutually exclusive, e.g. age, while in others more than one category can be recorded, e.g. disabilities.

It is important not to record any information on this form that in any way directly identifies individual clients. The purpose of the client log is to create a reasonably reliable profile of the *number* and *kind* of clients seen and the *type of work* undertaken with them during the course of the programme. Information recorded should be that which is routinely obtained as part of client assessment or from client records. It is not necessary to seek additional information from clients over and above that which arises as a integral part of normal clinical practice. It is therefore acceptable for there to sometimes be some areas of missing data. This is particularly likely to be the case with clients that have only been observed.

Completion of information on client ethnicity, social class and religion follows the current standards employed by the Office of National Statistics. Further background information on these classification schemes is available from: http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/index.html (select Standard Socio-economic classification) and from some electronic papers provided with the log book documentation.

Client work summary:

This summary record can be completed by simply tallying the number of checked boxes on the individual client log sheets completed across each placement. This summary record is then counter-signed by the supervisor and submitted to the course as part of the assessment of progress.

Client cumulative summary:

This cumulative summary can be completed by adding the tally from each client work summary completed up to the end of the current placement. For example the cumulative summary at the end of the first year is identical to the client work summary for that placement. At the end of the second placement it would consist of the first placement summary added to the second placement summary and so forth. The cumulative summary does not need to be counter-signed by the supervisor but should be submitted to the course where it will be checked and counter-signed by the trainee's line manager.

Guidance on Completing the Service Activity and Shared Learning Log

This consists of two simple checklists covering additional activities undertaken over each placement and a cumulative record of all these activities to date. The number of

occasions each activity has been undertaken is recorded along with a record of the total number of placement days completed for each placement and as a cumulative record to date.

What can be counted as a placement day: If trainees are required or obtain permission to attend course meetings or conferences on placement days they can normally still be counted as placement days. Study and annual leave do not count as placement days.

In the case of sickness the first three days of a period of sick leave on a maximum of two occasions in a six month placement can be counted as placement days. For the longer first year placement, the first three days of a period of sick leave may be counted on a maximum of three occasions. Emergency leave days (e.g. for caring responsibilities) may also be counted as placement days in this way as well but must be included with any sick days so that together the maximum limits of the allowance outlined above are not exceeded. The number of such days included in the total should be indicated for monitoring purposes.

The number of sick days included in the total should be specified on the Service Activity and Shared Learning Log.

The placement summary should be countersigned by the coordinating supervisor(s) before submission to the course. The cumulative summary should be submitted to the course where it will be checked and singed by the trainee's line manager. **Please check in particular that the number of placement days completed has been recorded.**

Practice Learning Log Book : Part I - Client Log

Trainee.....

Stage of training:

1	2a	2b	3a	3b

Client No: ..... *(number consecutively and keep own reference list)*

Sex:		F M
Age:	<5	5-11 12-18 19-24 25-34 35-44 45-54 55-64 65-74 75+
Ethnicity:		w british – w irish - w other - white/carribean - white/african- white/asian - white/other – indian – pakistani – bangladeshi – asian other – caribbean – african - black other – chinese - other
Class:		1.1 1.2 2 3 4 5 6 7 8
Religion:		Christian Buddhist Hindu Jewish Muslim Sikh Other N/a

Problem area*:	biol/health cog function emotional/behavioural social/interpersonal
Problem duration:	<1 year <5 years <10 years >10 years
Problem severity:	mild moderate severe
Challenging beh:	no yes
Life events*:	bereavement health abuse trauma other
Disabilities*:	communication learning mobility sensory other

Role*:	observation independent work joint work
Activity:	assessment only assessment & intervention intervention only
Mode of work*:	individual couple family group
Type of work*:	direct indirect-carer indirect-staff
Total contact time:	<2 hours <5 hours <10 hours <15 hours <25 hours 25+ hours
Assess method*:	interview observations self-report tools standardised tests
Model applied*:	Behavioural Cognitive Psychodynamic Systemic Community Integrative Other
Service setting*:	community primary care secondary in-patient/residential

***** *Tick each category that applies*

Practice Learning Log Book: Part II - Client Work Summary

Trainee.....

For Stage of training:

1	2a	2b	3a	3b

Client Data

Total clients	
Sex	
Female	
Male	
Age	
< 5	
5 – 11	
12 – 18	
19 – 24	
25 – 34	
35 – 44	
45 – 54	
55 – 64	
65 – 75	
75 +	
Ethnicity	
White British	
White Irish	
White Other	
White/Caribbean	
White/African	
White/Asian	
White/Other	
Indian	
Pakistani	
Bangladeshi	
Asian Other	
Black Caribbean	
Black African	
Black Other	
Chinese	
Other	
Social Class	
1.1 – Employers, senior managers	
1.2 – Higher professionals	
2 – Intermediate professionals	
3 – Intermediate	
4 – Small employers	
5 – Low supervisory	
6 – Semi-routine	
7 – Routine	
8 – Long term unemployed	

Religion	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Other	
None Applicable	

Clinical Data

Problem Area	
Biological/Health	
Cognitive Function	
Emotional/Behavioural	
Social/Interpersonal	
Problem Duration	
< 1 year	
< 5 years	
< 10 years	
> 10 years	
Problem Severity	
Mild	
Moderate	
Severe	
Challenging Behaviour	
Yes	
Life Events	
Bereavement	
Health	
Abuse	
Trauma	
Other	
Disabilities	
Communication	
Learning	
Mobility	
Sensory	
Other	

Activity Data

Role	
Observation	
Independent work	
Joint work	
Activity	
Assessment only	
Ass & Intervention	
Intervention only	
Mode of Work	
Individual	
Couple	
Family	
Group	
Type of Work	
Direct	
Indirect – carers	
Indirect – staff	
Contact Time	
< 2 hours	
< 5 hours	
< 10 hours	
< 15 hours	
< 25 hours	
25 + hours	
Assessment Methods	
Interview	
Observations	
Self-report tools	
Standardised tests	
Models	
Behavioural	
Cognitive	
Psychodynamic	
Systemic	
Community	
Integrative	
Other	
Service Setting	
Community	
Primary care	
Secondary	
In-patient/residential	

Confirmed and signed by:

Trainee:_____ Supervisor:_____ Date:_____

Practice Learning Log Book: Part II - Cumulative Summary

Trainee.....

Cumulative Record to end of Stage:

1	2a	2b	3a	3b

Client Data

Total clients	
Sex	
Female	
Male	
Age	
< 5	
5 – 11	
12 – 18	
19 – 24	
25 – 34	
35 – 44	
45 – 54	
55 – 64	
65 – 75	
75 +	
Ethnicity	
White British	
White Irish	
White Other	
White/Caribbean	
White/African	
White/Asian	
White/Other	
Indian	
Pakistani	
Bangladeshi	
Asian Other	
Black Caribbean	
Black African	
Black Other	
Chinese	
Other	
Social Class	
1.1 – Employers, senior managers	
1.2 – Higher professionals	
2 – Intermediate professionals	
3 – Intermediate	
4 – Small employers	
5 – Low supervisory	
6 – Semi-routine	
7 – Routine	
8 – Long term unemployed	

Religion	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Other	
None Applicable	

Clinical Data

Problem Area	
Biological/Health	
Cognitive Function	
Emotional/Behavioural	
Social/Interpersonal	
Problem Duration	
< 1 year	
< 5 years	
< 10 years	
> 10 years	
Problem Severity	
Mild	
Moderate	
Severe	
Challenging Behaviour	
Yes	
Life Events	
Bereavement	
Health	
Abuse	
Trauma	
Other	
Disabilities	
Communication	
Learning	
Mobility	
Sensory	
Other	

Activity Data

Role	
Observation	
Independent work	
Joint work	
Activity	
Assessment only	
Ass & Intervention	
Intervention only	
Mode of Work	
Individual	
Couple	
Family	
Group	
Type of Work	
Direct	
Indirect – carers	
Indirect – staff	
Contact Time	
< 2 hours	
< 5 hours	
< 10 hours	
< 15 hours	
< 25 hours	
25 + hours	
Assessment Methods	
Interview	
Observations	
Self-report tools	
Standardised tests	
Models	
Behavioural	
Cognitive	
Psychodynamic	
Systemic	
Community	
Integrative	
Other	
Service Setting	
Community	
Primary care	
Secondary	
In-patient/residential	

Confirmed and signed by:

Trainee:_____ Manager:_____ Date:_____

Practice Learning Log Book: Part II

Service Activity & Shared Learning Summary

Trainee.....

For Stage of training:

1	2a	2b	3a	3b

Complete total number of occasions under each category:

Meetings Attended	
Professional	
Specialty	
Service planning/review	
Multidisciplinary team allocation	
Multidisciplinary team other	
Team building/awayday	
Staff support	
Other	
Liaison Work or Contact	
Users groups/forums	
Voluntary groups/services	
Social services/housing	
Education/schools	
Police/prison/probation	
Other professions/agencies	

Teaching & Consultation	
Clinical/journal presentation	
Small-group teaching < 15	
Large-group teaching > 15	
Inter-professional consultancy	
Team/service consultancy	
Training Events	
Trust policies, procedures, briefings	
Health & safety	
Multidisciplinary seminar/workshop	
Multidisciplinary conference	
Professional seminar/tutorial/SIG	

TOTAL NUMBER OF DAYS ON PLACEMENT *DURING* THIS STAGE:	

Quality/Service Improvement Activities *(briefly describe)*

Confirmed by:

Trainee: ..... *Date:* .....

Supervisor: ..... *Date:* .....

Practice Learning Log Book: Part II

Service Activity & Shared Learning Cumulative Summary

Trainee.....

***Cumulative Record to End of Stage*:**

1	2a	2b	3a	3b

Complete total number of occasions under each category:

Meetings Attended	
Professional	
Specialty	
Service planning/review	
Multidisciplinary team allocation	
Multidisciplinary team other	
Team building/awayday	
Staff support	
Other	
Liaison Work or Contact	
Users groups/forums	
Voluntary groups/services	
Social services/housing	
Education/schools	
Police/prison/probation	
Other professions/agencies	

Teaching & Consultation	
Clinical/journal presentation	
Small-group teaching < 15	
Large-group teaching > 15	
Inter-professional consultancy	
Team/service consultancy	
Training Events	
Trust policies, procedures, briefings	
Health & safety	
Multidisciplinary seminar/workshop	
Multidisciplinary conference	
Professional seminar/tutorial/SIG	

CUMULATIVE NUMBER OF DAYS ON PLACEMENT TO THE END OF THIS STAGE:	

Quality/Service Improvement Activities *(briefly describe)*

Confirmed by:

Trainee: ..... *Date:* .....

Line Manager: ..... *Date:* .....

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

GUIDELINES ON THE PREPARATION OF THE ASSESSMENT OF CLINICAL SKILLS: PART 1- FORMULATION AND EVIDENCE FOR INTERVENTION REVIEW

Introduction

The purpose of this assessment is to demonstrate that the trainee has the competencies to formulate case work and make a clinical judgment about the most appropriate intervention given the presenting clinical issues and the service context. The review should demonstrate that the intervention is evidence based and adapted as needed to the individual and service context, and theory-practice links within the formulation should also be evident. The assessment contributes to the following educational objectives of the programme:

- 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 high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts 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 detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.
- A commitment to services and the development of inclusive services which seek to empower service users.
- 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.

More specifically, the assessment will facilitate the following skills to be developed:

a) To be able to search the available literature on a selected topic in a systematic and rigorous way using electronic and manual methods.

b) To be able to focus the review within specific parameters e.g. time available, length of report and level of sophistication necessary.

c) To be able to select and convey the relevant information from a clinical assessment, and which underpins the clinical formulation.

d) To be able to construct a clinical formulation that is theoretically grounded and appropriately inclusive, taking into account the developmental and contextual history of the client, and which leads to clear indications for intervention.

e) To be able to describe a specific clinical intervention and provide a rationale for why that approach is the intervention of choice given the specific circumstances of that individual and service context.

f) To be able succinctly link the intervention to the available evidence base and describe the support this literature offers this clinical judgement.

g) To be able to reference national guidance in relation to general presenting issues.

h) To be able to describe and provide a rationale for any adaptations being made to the intervention to ensure that it best fits the needs of this client within this service context.

i) To be able to be appropriately critical of the existing limitations of the evidence base in reference to intervention proposed.

j) To provide a brief action plan resulting from the chosen intervention.

Guidelines

1. Part 1 of the Assessment of Clinical Skills specifically addresses the competencies needed to develop a clinical formulation and make an appropriate clinical judgement about intervention. It is marked as an assessment independent of Part 2.

2. Ideally, the same clinical case work should be represented throughout part 1 and part 2. This will usually be therapeutic work with either a single client, family or group.

3. Candidates are strongly advised to read the guidance relating to **both** parts 1 and 2 of the Assessment of Clinical Skills before choosing the therapeutic work on which to base these assessments and to discuss their choice with their clinical supervisors.

4. Part 1 of the Assessment of Clinical Skills will be submitted in March/April of year 1 and Part 2 in June of the first year.

5. Candidates are required to submit three stapled copies and an electronic copy of the assessment. The assessment should be typed with double line spacing and the font size should be a minimum of 12. This assessment should be of 3,000 words (excluding abstract, contents pages, references and appendices), paginated and follow the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26). Exact word counts are required for all assessments. The assessment will be

marked anonymously, so the title page should include a title and the candidate's examination identity number. The candidate's name should not appear anywhere in the Review.

6. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

7. Part 1 and Part 2 of the Assessment of Clinical Skills will normally be examined by the same examiners. In exceptional cases, where this is not possible, Part 1 will be made available to the new examiners when examining Part 2, for reference only.

8. Care should be taken that the review is completely anonymised such that neither the client(s), the service nor the trainee can be identified.

9. Care should be taken that references are complete, in the APA style and should include full details of cited secondary references.

10. The assessment should be broken down into subsections with headings. The sections should follow logically on from each other and within each section the paragraphs should form a coherent story.

11. The format or structure of the review will be dependent upon the chosen therapeutic work, but should minimally include:

    - Title page (including title of the assessment; candidate number and word count)
    - Introduction (this should be a brief introduction to the client and the service context – max 100 words)
    - Assessment
    - Formulation
    - Intervention plan
    - References.

12. Candidates should read the Marking Criteria for Examiners for further guidance.

13. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

14. Assessments must be the candidate's own work. Copying and plagiarism is unacceptable and the procedure described in Section 3 of the Assessment Regulations Handbook will be used in such cases.

15. Candidates will be informed of the results by letter following the Board of Examiners' meeting. The actual grade and more qualitative comments will be given in the form of a brief summary on the Confidential Report.

16. In the event of extensive typographical errors, significant errors in the use of language, the need for up to one paragraph (approximately 150 words) for clarification, or significant referencing errors, examiners can agree a conditional pass which requires the candidate to correct the identified errors. These 150 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such conditions would be met within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

17. In the event of a candidate receiving a referral for the Assessment of Clinical Skills: Part 1, the candidate will have two options:
    a) to submit a new, revised version of the original piece of work;
    b) to submit an Formulation and Evidence for Intervention Review on a new piece of clinical work.

    Either of these options will be regarded as a resubmission of the first submission. The resubmission of the referral will only be awarded a pass, pass with conditions or fail; it cannot be referred for a second time. The candidate must inform the Deputy Chair of the Board of Examiners, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

18. In the event of a candidate being given a fail on the original Formulation and Evidence for Intervention Review or on the re-submitted referred work, this constitutes the failure of a first submission and they will only be given one opportunity to submit a Review on a new topic. This new Review can only be given a pass, pass with conditions or fail; it cannot be referred. Failure on this second submission would normally result in Programme failure. The candidate must inform the Deputy Chair of the Board of Examiners, in writing, of the new submission date within four weeks of receiving their results.

19. In the event of a candidate being given a fail on first submission of a Professional Practice Report, or a Supplementary Report, or a Assessment of Clinical Skills part 1 or 2, when all practice-based placements have been successfully completed and awarded a Pass, the candidate will have two options:
    a. To submit a new, revised version of the original piece of work;
    b. To submit a report on a new piece of practice-based work.

    This new report can only be given a Pass, Pass with Conditions or Fail; it cannot be referred. Failure on this second submission would normally result in Programme failure.

20. At the end of the Programme, candidates are required to submit one bound volume containing all Professional Practice Reports and Part 1 of the Assessment of Clinical Skills to the Programme. This should be submitted in the appropriate formal binding as soon as possible following formal notification from the Board

of Examiners. The submitted copy must include any amendments required by the Board of Examiners. The title page should contain the name of the candidate. This volume will be kept as the public record in the Library. Candidates are also advised to keep an additional bound copy for their own record of work completed.

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

ASSESSMENT OF CLINICAL SKILLS: PART 1 – FORMULATION AND EVIDENCE FOR INTERVENTION REVIEW

MARKING CRITERIA AND GUIDANCE FOR EXAMINERS

Learning Outcomes

- 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 high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts 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 detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.
- A commitment to services and the development of inclusive services which seek to empower service users.
- 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.

Marking Criteria

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

Pass
Pass with Conditions
Referral
Fail

Please provide an overall qualitative assessment of the Critical Review on the Confidential Report. These comments may help you compare your assessment with your co-examiner and will provide the basis for feedback to be given to the candidate and the Board of Examiners.

Marking Standards for the Grades

Pass. This work has reached an acceptable or above standard. The introduction tells the reader who the client is and what the service context is. The assessment section describes what assessments have taken place, and describes the key findings (including presenting problem and relevant background). The formulation is well written, follows from the Assessment, contains all relevant information and is well theoretically grounded. The rationale for the chosen intervention is clearly described and stems from the formulation. Any adaptations to the specific characteristics or history of the client are well documented. There is a clear description of the intervention plan, followed by an action plan. Any contextual or service limitations are well documented and the actions to be taken described. The review is well written, the content well structured and easy to follow. The review is appropriately critical and evaluative. The sophistication of conceptual material and argument is of a good standard appropriate to a doctoral level award. The presentation of the review should be good with few, if any, typographical errors. References are complete and presented in the APA style.

Pass with Conditions. Nearly all of the above criteria have been met. However, there are errors or omissions that need to be corrected before the examiner is satisfied that this review has reached a doctoral standard and is suitable to be viewed by others as such. The Examiners must specify these Conditions. These may include typographical errors, errors in the use of language, clarification, the inclusion of missing information and correction. Up to one additional paragraph (approx 150 words) may be included under Conditions. If more correction than this is needed the work may be considered a referral.

Referral. This work has failed to reach an acceptable standard. A substantial number of the following concerns must be present. The introduction to the client, the assessment and service context is inadequately described or executed. The formulation is incomplete, poorly written, under/over inclusive or lacking theory. The chosen intervention is poorly described. The rationale for choice of intervention is poor. The evidence base used to justify this choice is missing or poorly reviewed. The critique of this evidence is missing or insufficient, poorly articulated or inaccurate. Any adaptations made are poorly explained or do not seem appropriate. The intervention plan is missing, poorly articulated or does not follow on coherently. The inclusion of material has been inappropriately selective resulting in a biased perspective. The work is not well presented and references incomplete. However, it seems that the original clinical work is adequate, the main elements are there and the case could be improved considerably with a better write up, and hence this work could meet a pass standard.

Fail. This work is at a clearly unacceptable standard. All or a substantial number of the following concerns must be present. The introduction is unclear and unfocussed. The assessment was poorly planned, and/or is poorly reported, and key findings which inform the formulation are not clear. The formulation is poorly articulated and/or there seems to be a lack of understanding of the concept of formulation. The structure is confusing and provides no clear pathway through the material presented. The intervention is very badly described. The evidence cited is not based sufficiently on appropriate literature; it is not clearly linked to the model or clinical work. The evidence is not evaluated. The inclusion and exclusion of material is haphazard, leading to an incomprehensive rationale. The review is too broad and is not linked sufficiently to the

client(s) and context. No, or inappropriate, comment is made on the adaptations needed for the individual and service context. The evidence is over reliant on few sources and the literature is not up to date. No clear, or too vague, an intervention plan is presented. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

Guidance

The following table provides guidance to assist the examiners in evaluating the different dimensions of the review. It is not expected that all the elements in the boxes need to be met, but that this guidance is read in conjunction with the standards above and an overall conclusion reached. Examiners are asked to be familiar with the Guidelines on the preparation of the Assessment of Clinical Skills Part 1 and Part 2.

	PASS	**REFERRAL**	**FAIL**
Introduction (max 100 words)	Clearly written, introducing the client and the service context.	Not very clearly written and with some information missing.	Does not adequately introduce the client(s) and/or service context.
Assessment	a) The means and range of assessment are adequate and well described (e.g. referral, case notes, observation, clinical interview, psychometrics). b) A sound rationale for the types of assessments selected is provided, or seems inherently relevant, evident in the description and to the particular case. c) The key findings of the assessment are clearly indicated and inform the formulation which follows.	a) Some of the means of assessment are excessive and/or irrelevant, and/or are inadequately described. b) The rationale provided and/or assessments selected are of questionable value or relevance to the particular case. c) Key findings are unclear, and/or appear to be of questionable relevance to the formulation that follows.	a) Assessment information is derived from a single source or an inadequate range of sources, and is therefore lacking/ inadequate. b) The rationale for assessments provided is inadequate, or its description seems irrelevant or incorrect to the particular case. c) Key findings are difficult to discern or discriminate, and clarity or linkage to the formulation that follows is unclear.

	PASS	REFERRAL	FAIL
Formulation	a) There is a clear formulation that makes sense. b) It contains all the relevant information required to comprehend it and the following intervention plan. c) It is well linked theoretically. d) It is about the client and his or her context/story, not a diagnostic label. e) Client is discussed respectfully. A warm and collaborative therapeutic alliance is evident in description.	a) It is poorly written and confusing. b) It is either over or under inclusive. c) Theory practice linking is insubstantial or unconvincing. d) It is questionable whether 'client' or diagnostic label were at the centre of the formulation. e) At times the description of the client seems technical and distant. Collaboration and/or alliance may not be conveyed.	a) It does not read as a formulation, more a description. b) It is unclear why some information is included and other not. c) Theory practice linking is very poor. d) Diagnostic label is at the centre of the formulation, not the client. e) Client is discussed in a disrespectful or condescending manner; a lack of collaboration is evident.
Intervention Plan *a) Description* *b) Evidence* *c) Adaptation* *d) Action plan*	a) The intervention is clearly described and linked to a therapeutic model(s) and follows on from the formulation. b) Evidence is supplied and critically evaluated which gives a rationale for the use of that intervention. c) Any adaptations made to the intervention are clearly described and rationalised. d) This is clearly stated, is client-centred, links with the intervention described, and is concise. General aims across the course of the therapy are described, session-by-session or by sets of sessions.	a) The intervention is not clearly described and may be only tenuously linked to a model(s) and/or the formulation. b) The evidence cited is not up to date, not clearly relevant, poorly evaluated and overall does not give robust support to the chosen intervention c) These are vague and general and do not demonstrate in depth thinking about the attributes of the specific client(s) and or service context. d) The linkage to the intervention is not so clear. It is poorly structured and/or poorly written.	a) The intervention is vaguely described. It is not clear what model(s) it is attributed to, or to the formulation. b) Irrelevant information is supplied; there is little evidence of literature searching. Evidence is not evaluated. Overall it does not give an appropriate rationale for the chosen intervention. c) Little effort is made to take the specific individual(s) and or context into account. d) The plan is very vague, not clearly linked to the literature. Does not appear to be relevant or useful to the client. It is badly written.

	PASS	REFERRAL	FAIL
Structure	There is a clear and coherent structure to the review with good linkage between elements.	The material is inadequately structured, making it difficult for the reader to follow any argument. Links are not adequately made between sections.	There is no clear structure and there is no evidence of any line of argument being followed through. Little or no thought has been given to how best to present the material.
Presentation *a) Adheres to APA guidelines* *b) Grammatical and typographical errors* *c) References*	a) The review adheres to the APA guidelines in terms of style, with only minor errors. b) Few grammatical errors. Spelling largely correct, with only minor omissions that could have been missed by using a computer spell check and by proof reading. c) References are complete and in the APA style.	a) The review deviates from the guidelines in significant ways. b) A significant number of grammatical errors. Spelling errors that should have been picked up. c) There are significant problems with the references in terms of being incomplete and/or not in the APA style.	a) The review does not adhere to the guidelines. b) A large number of grammatical and spelling errors, suggesting the review had not been checked or proof read. c) References are missing completely.

Procedures

a) Reviews will be sent to and marked by the two examiners independently using the Marking Criteria and Guidance for Examiners and the Examiner's Assessment Form, paying due regard to the Guidelines on the Preparation of the Assessment of Clinical Skills: Part 1 given to candidates. Examiners are blind to the identity of candidates.

b) The two examiners will confer and agree a mark for each piece of work. The co-ordinator/lead examiner is responsible for preparing the Confidential Report which contains qualitative comments about the pieces of work. The Confidential Report can reflect legitimate differences of opinion that may exist between examiners about the work. The coordinator/lead examiner will send the Confidential Report, independent and resolved marks to the Programme at least four weeks before the Board meeting. In the event of the two examiners failing to agree a mark, the work will be passed to a third internal examiner for resolution. The third examiner will receive comments from both examiners as part of the resolution process and recommend a mark. The marks/grades are then considered and final decisions made by the Board of Examiners. Confidential reports are used to inform discussion at the Board and are sent to candidates with a letter informing them of the results. In the event of a fail or referral grade, the

Review will be sent to the External Examiner for comment about the appropriateness of the grade. The External Examiner's comment should be available for the relevant meeting of the Board of Examiners.

c) A sample of Reviews and all marks/grades on the Assessment of the Formulation and Evidence for Intervention Reviews will be sent to the External Examiner for comment on the examination process prior to the relevant meeting of the Board of Examiners.

d) The assessments and comments will be considered and final decisions made at the May/June meeting of the Board of Examiners.

e) In the event of extensive typographical errors, significant errors in the use of language, the need for up to one paragraph (approximately 150 words) for clarification, or significant referencing errors, examiners can agree a conditional pass which requires the candidate to correct the identified errors. These 150 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such conditions would be met within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

f) In the event of a candidate receiving a referral for the Assessment of Clinical Skills: Part 1, the candidate will have two options:
   a) to submit a new, revised version of the original piece of work;
   b) to submit an Formulation and Evidence for Intervention Review on a new piece of clinical work.

   Either of these options will be regarded as a resubmission of the first submission. The resubmission of the referral will only be awarded a pass, pass with conditions or fail; it cannot be referred for a second time. The candidate must inform the Deputy Chair of the Board of Examiners, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

g) In the event of a candidate being given a fail on the original Formulation and Evidence for Intervention Review or on the re-submitted referred work, this constitutes the failure of a first submission and they will only be given one opportunity to submit a Review on a new topic. This new Review can only be given a pass, pass with conditions or fail; it cannot be referred. Failure on this second submission would normally result in Programme failure. The candidate must inform the Deputy Chair of the Board of Examiners, in writing, of the new submission date within four weeks of receiving their results.

h) In the event of a candidate being given a fail on first submission of a Professional Practice Report, or a Supplementary Report, or a Assessment of Clinical Skills part

1 or 2, when all practice-based placements have been successfully completed and awarded a Pass, the candidate will have two options:

a. To submit a new, revised version of the original piece of work;

b. To submit a report on a new piece of practice-based work.

This new report can only be given a Pass, Pass with Conditions or Fail; it cannot be referred. Failure on this second submission would normally result in Programme failure.

i) Candidates will be informed of results by letter and given feedback following the Board of Examiners' meeting. Candidates will also receive more qualitative comments in the form of the brief summary on the Confidential Report (described in (b) above).

j) Work that is resubmitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

k) At the end of the Programme, candidates are required to submit one bound volume containing all Professional Practice Reports and Part 1 of the Assessment of Clinical Skills to the Programme. This should be submitted in the appropriate formal binding as soon as possible following formal notification from the Board of Examiners. The submitted copy must include any amendments required by the Board of Examiners. The title page should contain the name of the candidate. This volume will be kept as the public record in the Library. Candidates are also advised to keep an additional bound copy for their own record of work completed.

Ref: 004/Regulations/Assessment of Clinical Skills Part 1/Marking Criteria/2011 revised October 2015

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

GUIDELINES ON THE PREPARATION THE ASSESSMENT OF CLINICAL SKILLS: PART 2 – CLINICAL AND PROFESSIONAL REVIEW

Introduction

The purpose of this assessment is to demonstrate that the trainee has the basic clinical skills to work therapeutically in a clinical context. It consists of three components which are assessed together to form one assessment.

a. Digital recording (50 mins)
b. Annotated transcript
c. Clinical viva

The assessment contributes to the following educational objectives of the programme:

- A reflective approach to practice and for this to be evident in terms of a high level of self awareness (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (context reflection).
- An advanced and critical understanding of, and ability to apply, at least four 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.
- An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for colleagues and other professionals and service users, openness and an awareness of the limits to competence.
- A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts 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 detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.
- An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships and strong working relationships.

More specifically, these assessments will facilitate the following skills to be assessed:

Clinical: Generic Skills

a. To be able to demonstrate generic basic therapeutic skills within a real clinical context. Specifically these skills are:
    i. Active Listening
    ii. Empathy
    iii. Accurate Reflections
    iv. Ability to be Responsive to the Client
    v. Exploration of Client Concerns
b. To be able to identify what these skills are and when they occur

Clinical: Model Specific

To be able to identify model specific basic interventions within a real clinical context.

Additional Interpersonal Competencies (jointly assessed with Service User and Carer examiners)

These are defined as:

a. The trainee should show a willingness to, and demonstrate that, they understand and empathise with the client's experience with regard to their circumstances (social, family etc.) within the therapy session and
b. The trainee maintains a hopeful approach with humility and sensitivity by identifying the possibility of making small changes and reflecting on the strengths of the client.

The first additional interpersonal competency can be demonstrated in any of the following ways:

i. Responding to any immediate issues that the client may bring;
ii. Reviewing any tasks or changes the client has been involved in with compassion;
iii. Reminding clients of things they have said in the past (e.g. small details about social situation etc.); and
iv. Understanding the client's experience of the session and responding to this with warmth and interest.

The second additional interpersonal competency can be demonstrated in any of the following ways:

i. Using a warm tone, using plain language, not using the words should or must;
ii. Acknowledging the possibilities of making changes;
iii. Acknowledging the possibility of the client using their strengths and/or reflecting back their strengths; and or/enabling the development of new strengths, and/or inspiring strength;
iv. Being affirming and positive without being patronising;
v. Recognising that making changes is difficult and reflecting on this with the client;
vi. Reflecting on the possibility of hope.

It is to be noted that the above are examples of how to fulfil the additional interpersonal competencies rather than concrete requirements and that there are potentially, other ways in which trainees may be able to demonstrate the two service-user competencies required.

Critical Reflection

To be able to reflect appropriately on clinical work and understand the strengths and limitations of current competencies.

Lifespan and Context

To be able to reflect upon the specific life circumstances and social/cultural context of the client in relation to therapeutic work.

Professional Skills

a. To be able to abide by ethical and professional standards when presenting and discussing clinical work. Specifically,
   vii. To be able to talk about client work in a respectful way
   viii. To be able to present and discuss such issues in a way which maintains client confidentiality
   ix. To be able to demonstrate a professional approach to discussing their work.
   x. To demonstrate that the submitted work is representative of their general level of skills and approach to clinical work.
b. To be aware of further training needs.

Guidelines: General

1. Ideally the same clinical work should be presented for part 2 of the Clinical Skills Assessment as for part 1. If this has not been possible a short letter of explanation should be presented as to why this has not been possible (max 200 words) and a brief description of the client and formulation (max 700 words). This work will usually be therapeutic work with a single client, family or group.

2. Part 1 of the Clinical Skills Assessment will be submitted in March/April of year 1 and Part 2 in June of the first year.

3. Candidates are required to submit three stapled copies of the annotated transcript and one audio recording on a password-protected, encrypted memory stick. The transcript should be typed with double line spacing, the font size should be a minimum of 12 and it should be paginated. The assessment will NOT be marked anonymously, so the title page should include a title and the candidate's name. The candidate's examination number should not appear anywhere on the transcript, title page or Assessment Cover Sheet. Further information on the submission of the audio recording will be provided.

4. Part 1 and Part 2 of the Clinical Skills Assessment will be examined by the same examiners. In exceptional cases where this is not possible Part 1 will be made available to the new examiners when examining Part 2, for reference only.

5. **Length of recording:** It is recommended that the length of the recording should be 50 mins long. It is recognised, however, that some clients do not engage sufficiently to allow this. Alternatively, trainees may be involved in delivering interventions which call for either longer or shorter sessions. If a recording of longer than 50 minutes is submitted, the entire session should still be transcribed, but only 50 minutes of the recording should be annotated in the transcript and clearly demarcated for the examiners. If sessions of shorter than 50 minutes are being utilised (as may be the case in some CBT or Assertive Outreach interventions, for example) then it may be possible to submit two sessions. Where this occurs, both sessions should be transcribed, but a total of only 50 minutes of therapeutic activity (over the two sessions) should be annotated and clearly demarcated for the examiners. Trainees should be careful to select their clients carefully, so as to minimise problems as well as their work, in this regard.

6. **The client chosen:** The client chosen should be typical of those found in the service where the work was executed. With the advent of all-age services, it is recognised that people over 65 and previously thought of as 'older adults' may be found in 'adult' services. Similarly, some people who are under 65 and presenting with younger onset dementia may be found in services previously demarcated for 'older adults'. The golden rule is that if a client was seen by the service in which you are working, they can potentially be recorded for examination purposes.

7. **The Model Chosen:** Trainees can potentially utilise any therapeutic model recognised by the Clinical Psychology profession. It is recommended that trainees access the UCL website http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm so as to make use of model specific competencies outlined for CBT, psychodynamic and systemic work. Trainees who want to utilise other models may do so, but will need to convince the examiners that the specific competencies demonstrated are fundamental to the model utilised. Clear reference points for the competencies should be included so that this can be assessed by examiners. It is not generally recommended that integrative models should be used in first year work, other than 'branded' integrative models such as Cognitive Analytical Therapy (CAT).

8. It is required that the candidate will have sought the consent of the client to the work being presented as part of their Clinical Skills Assessment. Guidance about this should be sought from the Trust or organisation where the work was carried out. Such organisations may have their own guidance regarding the use of clinical material for educational purposes. An example is the Surrey and Borders Partnership NHS Trust policy, which can be found at http://www.sabp.nhs.uk/foi/policies/.

9. Usually this will involve written evidence, to be kept in the clinical records of the client. A copy of this should NOT be supplied with the Skills Assessment, as this would identify the client, but a sheet signed by the trainee should be attached to transcript indicating that:
   9.1. consent has been agreed by the client for both written and recorded information to be presented for examination under these guidelines,
   9.2. that this has followed the organisational guidance where the clinical work was carried out and
   9.3. the presented material has been fully anonymised.

10. The clinical recording, transcript and viva will be marked as one assessment.

11. Information which could identify a client should not be included. Clients' actual names should never be included or mentioned in the transcript or in the viva, but should be replaced by fictitious names. Other information that might identify the client, for example, dates or places of birth, or very specific job titles, should not normally be included in the Skills Assessment. If such information is very central to the clinical work being reported, it should not be removed, but it may then be appropriate to disguise some other aspect of the client's identity in order to preserve their anonymity. For example, if information about someone's job is central to their clinical presentation, then it might be appropriate to disguise some other aspect of their personal information (such as changing their nationality from English to Scottish). Such changes should only be made where candidates have good grounds for doing so. In addition, information that might identify other professionals or services should not be included. Candidates should consider issues relating to the prevention of individual clients being identified in discussion with their supervisors.

12. Candidates should read the Marking Criteria for Examiners for further guidance.

13. Assessments must be the candidate's own work. Copying and plagiarism is unacceptable and the procedure described in Section 3 of the Assessment Regulations Handbook will be used in such cases.

14. All clinical vivas will be recorded by the examiners. This is to allow a sample to be sent to the External Examiner in accordance with the regulations for all submissions. All examiners are governed by the Quality Assurance Agency, the University policies and the Health & Care Professions Council with regard to maintaining confidentiality and professional practice. The recordings will be kept for no more than a year after the clinical viva and will not be used for anything other than sending a sample to the External Examiner without obtaining the candidate's consent.

15. Candidates will be informed of the results by letter following the Board of Examiners' meeting. The actual grade and more qualitative comments will be given in the form of a brief summary on the Confidential Report.

16. As this assessment contains sensitive case material it will not be included in the portfolio of assessments submitted at the end of the programme. The assessment material must be kept by the trainee until they have received confirmation from the Board of Examiners that this assessment has been passed. The case recording must be destroyed in accordance with the policy of the Trust or organisation.

Guidelines: Digital Recording

a) This may be an auditory recording of a session, or a video recording with soundtrack just showing the trainee, or a video and soundtrack showing client and trainee.
b) It must be of at least 50 minutes duration. Recordings of longer therapeutic interventions may be submitted, but in this case, only 50 minutes of the recording should be annotated in the transcript. Any continuous 50 minute segment can be annotated.

c) The auditory track must be audible for both parties.
d) The selection of the therapeutic work to sample must be made so that the five basic core competencies as set out in the marking criteria are able to be demonstrated, in addition to three 'model specific' competencies being identified, as set out in the marking criteria.
e) Trainees are strongly advised to discuss this selection of case material with their supervisors and to be able to choose from a number of recordings.

Guidelines: Annotated Transcript

1. The transcript should begin with a brief summary of the client, their main difficulties and the service context. It should contain their age as well as situate the session within the overall context of the intervention. For example, session 6 of 12. No longer than 150 words.
2. This must be a transcript of the <u>whole</u> of the session from which the digital recording has been taken.
3. The annotation should only be of the selected 50 mins presented in the recording. This allows the examiner to see more of the context of the selected 50 mins, if needed.
4. The annotation should address four issues
   4.1. It should identify where each of the 5 core clinical competencies are demonstrated. It is acceptable (and recommended) to present a few examples of the same competency where possible. This will assist the examiners in assessing whether or not a competency has been adequately demonstrated. No more than a few examples of the same competency need to be presented. - ie not all competencies in the transcript should be marked up as this will be difficult for the examiners to read. The minimum number of required competencies should be adhered to where it is not possible to label more than one example of the same competency.
   4.2. It should identify 3 model specific interventions and. state what sort of interventions they were using the terminology in the http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm website. It is acceptable to present more than 3 model specific interventions, but not so many that it becomes difficult for the examiners to read.
   4.3. If three model specific interventions were not identified, it should identify missed opportunities for these in model congruent terms.
5. The competencies demonstrated must be congruent to the process of the therapy.
6. The use of transcribers is not acceptable for reasons of risk and confidentiality. Indeed, it is unacceptable for trainees to pass the clinical material to any party other than the assessments administrator at hand-in. Trainees should bear in mind that they and their supervisors have clinical responsibility for the material throughout the process.

Guidelines: Critical Reflection on the Work

At the end of the entire transcript a separate section should make some critique of the therapeutic work, pointing out where interventions could have been made but were not or where improvements could be made (max 500 words). It should also consider lifespan development issues and how these were brought to bear in the therapeutic work. It

may also be useful to consider elements of the work which could be considered as causing problems in the therapy or being in some other way un-therapeutic.

Guidelines: Clinical Viva

1. The clinical viva has a number of aims:
    a. To explore with the trainee areas of competence that might not have been adequately demonstrated within the recording and annotated transcript.
    b. To explore with the trainee their depth of understanding of clinical competencies and therapeutic alliance.
    c. To explore with the training their current understanding of the therapeutic model in which they were working.
    d. To assess their ability to meet the professional competencies identified in 1 i-iv above.
2. The viva will last 30-45 minutes and will normally be carried out by the two examiners who have marked Part 1 of the Clinical Skills Assessment. Candidates are expected to attend viva with a copy of their Annotated Transcript.

Results and resubmissions

1. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

2. A Board of Examiners meeting will be held to consider and make final decisions about the results. The final decision about the Clinical Skills Assessment Part 2 will be made by the Board of Examiners.

3. For work receiving a Pass with Conditions, it would normally be expected that such conditions would be met within four weeks of receiving the results. A letter to the examiners should be included indicating where the changes have been made, including page numbers. For conditions on the Critical Reflection section, no more than 500 words should be added. Where a different client has been used for Part 2 and there are conditions on the description of the client and formulation, no more than 200 words should be added.

4. In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure. The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. As in the case of a Pass with conditions the terms of a referral may include discussion of the viva feedback with the trainee's manager. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers. For a Referral, the examiners will consider whether a further viva voce is required; this decision may be made after reviewed the resubmission. A further viva voce will be required for candidates receiving a Fail.

5. If a candidate has passed Part 1 of the Clinical Skills Assessment but is required or chooses to submit a new Part 2 then the guidelines pertaining to having a different client to Part 1 must be followed. These are described in paragraph 1 under the above sub-heading 'Guidelines: general'.

6. Candidates will be informed of results by letter following the Board of Examiners meeting. The actual marks and more qualitative comments will be given in writing, in the form of the Confidential Report.

7. Work that is re-submitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

Ref: 004/Regulations/Clinical Skills Assessment Part 2/Guidelines on Preparation/2011 revised September 2021

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

ASSESSMENT OF CLINICAL SKILLS: PART 2: CLINICAL AND PROFESSIONAL REVIEW

MARKING CRITERIA AND GUIDANCE FOR EXAMINERS

Learning Outcomes

- A reflective approach to practice and for this to be evident in terms of a high level of self awareness (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (context reflection).
- An advanced and critical understanding of, and ability to apply, at least four 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.
- An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for colleagues and other professionals and service users, openness and an awareness of the limits to competence.
- A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts 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 detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.
- An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships and strong working relationships.

General

1. The examiners will review the recording and transcript prior to the clinical viva, independently, and come to a preliminary decision of whether the required clinical competencies have been met.
2. Prior to the viva they will meet and discuss their preliminary assessments in relation to the marking grid (see below), agreeing any areas that require further exploration in the viva.

3. After the viva the examiners will discuss and come to a final recommendation to the Board of Examiners of either a Pass, Pass with Conditions, Referral or Fail.
4. All the competencies to be assessed are summative (i.e. there is a standard to be met) with the exception of missed opportunities for model specific interventions which are formative (i.e. a missed opportunity must be clearly identified as such, but no standard can be expected).
5. The standard expected is that a trainee at this point in their training should be able to demonstrate the generic, model-specific and additional interpersonal competencies as set out in the marking grid. A pass will be awarded when all the competencies outlined in the marking grid below have been demonstrated.
6. A Pass with Conditions may be awarded if all 5 generic competencies appear on the recording, but errors or omissions regarding these or the other competencies have occurred in the annotation and/or critique which, on exploration in the viva are understood by the trainee. Conditions would require the annotation and/or critique to be changed as based on the feedback from the viva.
7. A Referral will be awarded where the generic competencies (A) appear to be present on the recording but the transcript is so poorly annotated and critiqued that it's not clear the trainee was aware of what they were doing and that this is still unclear after the viva. A referral may also be awarded if one or more of competencies B), C), D) and E) are only partially demonstrated. In this case the trainee may opt to resubmit the same case recording, but make improvements on the annotation or submit new case material and an annotated transcript. It will then be up to the discretion of the examiners if they wish to re-viva after reviewing the resubmission.
8. A fail will be awarded if one or more of the generic competencies (A) are not present or if one or more of competencies B), C) D) & E) are not demonstrated. Under these circumstances a new recording of case material and annotated transcript should be submitted and a viva will be required.
9. Achieving competency is a mix of writing and acknowledging processes appropriately (with theoretical underpinnings understood and presented) as well as demonstration of skill in the competency area.

Competencies & Assessment methods

Competence	Assessed by
A) Clinical: Generic skills a. To be able to demonstrate generic basic therapeutic skills within a real clinical context. Specifically these skills are: i. Active Listening ii. Empathy iii. Accurate Reflections iv. Ability to be Responsive to the Client v. Exploration of Client Concerns b. To be able to identify what these skills are and when they occur.	The annotations of the transcript should show the examiner where these 5 specific skills have been demonstrated, and the examiner should be able to see/hear them actively demonstrated in the recording. This may be further explored in viva, if unclear from the above method.
B) Model specific interventions[1] To be able to identify model specific interventions or appropriate but missed opportunities for them within a real clinical context.	The annotations of the transcript should identify three model specific interventions or missed opportunities for them. The model must be named and the specific interventions identified. Candidates are strongly advised to use of the mappings of model specific competencies to help them identify these interventions, e.g. those published by CORE http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm This may be further explored in viva, if unclear from the above method.

[1] The word 'intervention' here is used to refer to a small action that might demonstrate a wider model specific competency. It is not used to mean a higher level intervention in relation to a formulation and action plan.

Competence	Assessed by
C) Additional Interpersonal Competencies (jointly assessed with Service User and Carer examiners) To be able to identify service user competencies within a real clinical context. Specifically, these competencies are: a. The trainee should show a willingness to, and demonstrate that, they understand and empathise with the client's experience with regard to their circumstances (social, family etc.) within the therapy session. b. The trainee maintains a hopeful approach with humility and sensitivity by identifying the possibility of making small changes and reflecting on the strengths of the client.	The additional interpersonal competencies should be 'embedded' within the work and the submitted transcript This may be explored in viva, if unclear from the above method
D) Critical Reflection To be able to reflect appropriately on clinical work and understand the strengths and limitations of current competencies.	A critique should be included at the end of the annotated transcript which may discuss opportunities for interventions[2] that were missed, inadequately carried out, or could have been improved upon. This should be no more than 500 words. This will be further explored in viva.

[2] Here the word 'intervention' is used to mean a small verbal intervention that demonstrates a specific type of model specific competence e.g. an interpretation within psychodynamic work or identifying a specific 'cognitive distortion' in CBT.

Competence	Assessed by
E) Lifespan & Context To be able to reflect upon the specific life circumstances and social/cultural context of the client in relation to therapeutic work.	The reflective account should include consideration of the life circumstances of the individual and how these impacted on the therapeutic work. This may include discussion of what adjustments were, or could have been made in relation to them. It might, for example, include commentary on the therapeutic relationship between client and clinical psychologist. This may be further explored in viva, if unclear from the above method. This reflection must include consideration of how these life circumstances impacted on the therapeutic work and what adjustments were, or could have been made in relation to them. This might include comment on the therapeutic relationship between client and clinical psychologist. This may be further explored in viva, if unclear from the above method
F) Professional skills 1. To be aware of further training needs.	This will be explored in the clinical viva.
2. To be able to talk about client work in a respectful way	This will be explored in the clinical viva.
3. To be able to present and discuss such issues in a way which maintains client confidentiality	This will be demonstrated through the recording, transcript and at viva.
4. To be able to demonstrate a professional approach to discussing their work.	This will be demonstrated through the recording, transcript and at viva.
5. To demonstrate that the submitted work is representative of their general level of skills and approach to clinical work.	This will be explored in the clinical viva.

Marking Grid

Competence	Formative/ Summative	Assessed by: Recording(R) Transcript (T) Viva (V)	Preliminary Outcome (demonstrated, partially demonstrated, not demonstrated)	Final outcome (demonstrated, partially demonstrated, not demonstrated)
Clinical: Generic				
i. Active Listening *The trainee is listening closely to what is being said and using what they are hearing to influence their interaction e.g. demonstrates listening cues through sincere interest in the client as well as by means of appropriate verbal and body language. The trainee maintains a neutral stance and asks for clarification at certain points.*	s	R, T, V		
ii. Empathy *The trainee demonstrates the ability to perceive of, and understand the mental state of the client and is able to share in it through compassionate and therapeutic interaction such as reflection and summaries which demonstrate that the trainee is aware of the client's feelings and emotions.*	s	R, T, V		
iii. Accurate Reflections *The trainee demonstrates that they have 'heard' what the client has said by accurately paraphrasing/summarising the content of the client's communication.*	s	R, T, V		

Competence	Formative/ Summative	Assessed by: Recording(R) Transcript (T) Viva (V)	Preliminary Outcome (demonstrated, partially demonstrated, not demonstrated)	Final outcome (demonstrated, partially demonstrated, not demonstrated)
iv. Ability to be Responsive to the Client *The trainee makes every effort to understand the client's point of view, and retains an empathic and neutral stance. The trainee uses open-ended questions and makes appropriate, validating statements that are affirming and non-judgemental.*	s	R, T, V		
v. Exploration of Client Concerns *The trainee demonstrates an ability to use the material presented by the client by exploring it and assimilating it into the therapeutic process where appropriate.*	s	R, T, V		
Clinical: Model Specific (as identified for the Trainee)				
1.	f	R, T, V		
2.	f	R, T, V		
3.	f	R, T, V		
Additional interpersonal				
1.The trainee shows a willingness to, and demonstrates that they understand and empathise with the client's experience with regard to their circumstances (social, family etc.) within the therapy session.	s	R, T, V		
2. The trainee maintains a hopeful approach with humility and sensitivity by identifying the possibility of making small changes and reflecting on the strengths of the client.	s	R, T, V		

Lifespan and context				
To be able to reflect upon the specific life circumstances and social/cultural context of the client in relation to therapeutic work.	s	R, T, V		
Professional				
1. To be aware of further training needs.	s	Viva		
2. To be able to talk about client work in a respectful way	s	Viva		
3. To be able to present and discuss such issues in a way which maintains client confidentiality	s	R, T, V		
4. To be able to demonstrate a professional approach to discussing their work.	s	V		
5. To demonstrate that the submitted work is representative of their general level of skills and approach to clinical work.	s	V		
6. To demonstrate benevolence in therapeutic work (i.e. no harm done to client, alliance, etc.) or To demonstrate an awareness of factors and behaviours on the part of the therapist which may cause problems within the therapy and to reflect appropriately on these if they occur.	s	R, T, V		

Format of Annotated Transcript

	These items should be filled in for the entire 50 minutes of the session or only for 50 minutes if a longer session. Generic and Model specific competencies can occupy one column.	
Transcript of session This should be a direct transcript of the verbal responses identifying the Therapist (T) and the Client's (C) speech. It should be made clear in the transcript the start and end of the 50 minute segment submitted as the recording. The transcript should begin with a brief description of the client, their main difficulties and service context. It should also contextualise the recording in terms of where it resides within the therapeutic intervention. (For example, session 11 of 16 sessions). This should constitute no more than 150 words.	**Clinical Skills**: **Generic** Several examples of the five clinical competences should be identified by naming them opposite the transcript in which they occur.	**Clinical Skills: Model Specific** Three different examples of model specific interventions or opportunities for intervention should be identified within the transcript. The model and the specific intervention must be identified.

Results and resubmissions

1. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

2. A Board of Examiners meeting will be held to consider and make final decisions about the results. The final decision about the Clinical Skills Assessment Part 2 will be made by the Board of Examiners.

3. For work receiving a Pass with Conditions, it would normally be expected that such conditions would be met within four weeks of receiving the results. A letter to the examiners should be included indicating where the changes have been made, including page numbers. Conditions can include discussion of the viva feedback with the trainee's manager. Other conditions may include identifying problems in the transcript which need rectifying, competencies which must be more clearly identified or correctly identified, and typographical errors.

4. In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure. The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. As in the case of a Pass with conditions the terms of a referral may include discussion of the viva feedback with the trainee's manager. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers. For a Referral, the examiners will consider whether a further viva voce is required; this decision may be made after reviewed the resubmission. A further viva voce will be required for candidates receiving a Fail.

5. Candidates will be informed of results by letter following the Board of Examiners meeting. The actual marks and more qualitative comments will be given in writing, in the form of the Confidential Report.

6. Work that is re-submitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

Ref: 004/Regulations/Clinical Skills Assessment Part 2/Marking Criteria/2011 revised October 2021

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

GUIDELINES ON THE PREPARATION OF THE

TEAM POLICY REPORT: POLICY REVIEW, REFLECTIVE ACCOUNT AND PRESENTATION

Introduction

The Team Policy Report consists of three elements of assessed work. The first, the Policy Review, requires trainees to work in groups to produce a critical evaluation of a recent Policy Document. The second, the Reflective Account, requires trainees to work individually to produce a reflective account of how their team went about achieving its task, and the group processes that emerged. The third, the Team Presentation, requires each group of trainees to present their Policy Review to staff and their year group.

The purpose of this assessment is to help trainees develop a more critical understanding of the organisation and functioning of the NHS and Social Care Sector, and to develop their competencies in understanding and critically appraising policy, working as members of teams, reflecting on team and group processes, and presenting material in a clear and concise manner to an audience. The Team Policy Report will assess the following Programme Learning Outcomes.

- A reflective approach to practice and for this to be evident in terms of a high level of self awareness (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (content reflection).

- A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts and to have the transferable skills to apply these in complex and unique circumstances.

- A detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.

- 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.

The Team Policy Report will be submitted in March/April of the first year and a Team Presentation of the Policy Review will be given in July of the first year. The Team Policy Report will be divided into two parts: (i) a 3,500 word Policy Review compiled by a team of four to six candidates that summarises and critically reviews the Policy, and (ii) a 1,500 word Reflective Account by individual candidates about the team process involved

in producing the Report. This Team Policy Report will be assessed in the usual way by using the marking standards and a single mark will be awarded. The Team Presentation will be made by all members of the team in July of the first year. The assessment of this presentation will be formative, although each member is required to attend and take part.

Team Policy Report

General Issues

1. Policy documents for review will be set by the Year One (Academic) Director who will gather these from the programme team between July and September.

2. Candidates will be assigned to groups/teams. There will be an attempt to group trainees according to where they live. Each team will consist of four to six members. Individuals can swap places with an individual in another team only if there is a clear rationale for doing so and both trainees agree, and this needs to be approved by the Academic Director. Teams will be allocated documents, although with the agreement of other groups, and the approval of the Academic Director, groups can negotiate to exchange documents. Both these processes must be completed within four weeks of the teams and documents being allocated.

3. Each candidate is required to submit both parts of the Team Policy Report; the Policy Review produced by the team and the Reflective Account produced separately by each individual. They are required to submit these in March/April of the first year.

4. Candidates are required to submit one stapled copy of the Policy Review, and three stapled copies of the Reflective Account. The Reports should be typed with double line spacing and the font size should be a minimum of 12. Each report should be paginated and follow the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26). Exact word counts are required for reports. The reports are marked anonymously, so the title page should include a title and the candidate's examination identity number. The candidate's name should not appear anywhere in the Report. Candidates are encouraged to use double-sided printing where possible.

5. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

6. The format within each of the parts of the Report is likely to vary, but the following issues should be considered in preparing both of the reports.

a) The Report should be divided into two parts, the Policy Review (3,500 words, including the Executive Summary) which will be produced by the team of trainees who have worked on the Report and which will be the same for each member of that team, and the Reflective Account (1,500 words) which is written individually by each member and which provides a reflective account of the team processes involved in producing the Policy Review. These word counts exclude references.

b) The use of subsections with subheadings is usually helpful and makes the work easier to read.

c) Care should be taken to ensure references are complete and should include full details of cited secondary references.

6. Candidates need to read the Marking Criteria for Examiners for information about the Programme's expectations for both parts of the Team Policy Report. Some information is provided below.

7. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

8. In the event of extensive typographical errors, significant errors in the use of language, the need for up to two pages (approximately 500 words) on the Report and one page (approximately 250 words) on the Reflective Account for clarification, significant referencing errors, or missing appendices, examiners can agree a conditional pass that requires the candidate to correct the identified errors. These 500/250 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such corrections would be made within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

10. At the end of the Programme, candidates are required to submit one bound volume containing the Team Policy Report (excluding the Reflective Account), Critical Review and Supplementary Report. This should be submitted in the appropriate formal binding as soon as possible following formal notification from the Board of Examiners. The submitted copy must include any amendments required by the Board of Examiners. The title page should contain the name of the candidate. This volume will be kept as the public record in the Library. Candidates are advised to keep an additional bound copy for their own record of work completed.

Policy Review

The Policy Review should be well organised and presentation should be of a high standard. It should include an accurate summary of the major aspects of the policy document and a consideration of the context (e.g. social, political, and/or economic climate) in which it was produced. It should include a critical review of the policy that draws on appropriate literature, and a consideration of the implications of the Policy for the NHS, mental health and social care services, and the profession of clinical psychology. The review should show some originality and/or an awareness of originality in other comments made in the broader literature. In the event of an extensive policy document, the team may wish to provide a detailed critique and consideration of the implications of only part of the policy. If this latter approach is taken, then the aspects of the policy document chosen should be significant and the reasons for the choice clearly justified. It should also include an Executive Summary of no more than 300 words. This Summary should be of the whole Policy Review (but not the individual reflective accounts) rather than an Executive Summary of the policy itself. The text and references should follow the guidance in the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26).

Reflective Account

The Reflective Account should also be well structured and presentation should be of a high standard. It should include a brief description of how the team went about producing the report, it should use theory to inform reflections on the team processes that arose in producing the Report, and it should include personal reflection on the candidate's contribution to, and role in, the team and the production of the Report. It is often useful for the individual to consider the relationship between their role in this team and other teams or groups. The candidate should also provide some reflection on what they learnt from the experience. Whilst it is not always possible to maintain complete anonymity when writing about other team members, it is required that they are not referred to by their actual name. The use of pseudonyms is recommended. The text and references should follow the recommendations made in the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26). One copy of the Reflective Account will be kept on the candidate's assessment file, and may be discussed in their end of year training review.

Team Presentation

1. Following receipt of the feedback for the assessment of the Team Policy Report, the team of candidates should prepare for a Team Presentation of the Policy Review in July of the first year.

2. The Team Presentation to the cohort group and Programme Team should be of twenty minutes duration, followed by twenty minutes discussion. The presentation will be formatively assessed by two assessors independently using the Assessment Criteria and Guidance for Assessors, and Assessor's Assessment

Form, paying due regard to the Guidelines on the Preparation of Team Presentations given to candidates.

3. In preparing for the presentation, the team should take account of the following:

   a) each member of the team should make an approximately equal contribution to the presentation;

   b) the team should ensure that the presentation is limited to twenty minutes and the discussion is brought to an end after a maximum of twenty minutes. The team is required to organise the chairing of the discussion;

   c) the structure of the presentation should be made clear at the outset;

   d) any overheads, or flipcharts or handouts should be clear and well presented; and

   e) the presentation should include information about the content of the policy, a critique and some implications for services and psychology.

4. Each candidate is required to take part in the presentation. The presentation is not graded, but is recorded as being completed, and usually a Team Feedback Report will be sent to the candidates within four weeks of the presentation.

5. Candidates should read the Assessment Criteria and Guidance to Assessors for information about the Programme's expectations of the presentation.

Ref: 004/Regulations/Team Policy Report/Guidelines on Preparation of Report & Presentation/2011/01.10.14

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

TEAM POLICY REPORT: POLICY REVIEW & REFLECTIVE ACCOUNT

MARKING CRITERIA AND GUIDANCE FOR EXAMINERS

Learning Outcomes

The purpose of this assessment is to help trainees develop a more critical understanding of the organisation and functioning of the NHS and Social Care Services, and to develop their competencies in understanding and critically appraising policy, working as members of teams, reflecting on team and group processes, and presenting material in a clear and concise manner to an audience. The Team Policy Report will assess to the following Programme Learning Outcomes.

- A reflective approach to practice and for this to be evident in terms of a high level of self awareness (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (content reflection).

- A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts and to have the transferable skills to apply these in complex and unique circumstances.

- A detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.

- 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.

Marking Criteria

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

Pass
Pass with Conditions
Referral
Fail

The mark for each individual will be based on the lower of the marks on the Policy Review and the Reflective Account. Candidates must achieve a pass mark in both elements before the candidate can successfully pass the Team Policy Report. A referral on either part of the Report will result in an overall referral being given to the individual candidate. A fail level mark on either part of the Report will result in an overall fail mark. The following guidance should be used to prepare your assessment with your co-examiner and to provide the basis for feedback given to the candidate and the Board of Examiners.

Marking Standards for Grades

Policy Review

Pass. This work has reached an acceptable standard and represents at least the level of attainment expected from candidates during the first year of training. The Policy Review is well organised and presented, and the content of the policy document is accurately grasped and summarised. There is some consideration of the social, political and economic climate in which the policy arose. It also contains a reasoned and clear critique of the policy and uses appropriate literature (where possible) to inform this critique. Where possible, it should show some originality and/or an awareness of originality in other comments made in the broader literature. The Review should consider the service implications of the policy in a reasoned manner and show some awareness of the relevant service contexts. It will provide some reflection on the implications of the policy document for the NHS, mental health and social care services, and clinical psychology. The Review, overall, may contain occasional mistakes or errors of omission, but no significant errors in content or presentation. The text and references should follow the guidance in the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26).

Pass with Conditions. Nearly all of the above criteria have been met. However, there are errors or omissions that need to be corrected before the examiner is satisfied that the Policy Review has reached a Doctorate standard and is suitable to be viewed by others as such. The examiners must specify exactly what these conditions are. They may consist of corrections to statements, the inclusion of additional information or clarification of presented information, or the correction of referencing, grammatical or typographical errors, or missing appendices. If additional information is to be included, this must total no more than two additional pages (approx 500 words).

Referral. This Policy Review has failed to reach an acceptable standard. The Review may be badly organised and presented. The content of the policy document may be poorly understood and explained. The critique of the policy may be weak. There may be little consideration given to the service implications and little awareness of the service context. There is an expectation from the examiners that the work could be improved.

Fail. This work is below an acceptable standard. The Policy Review is poorly organised and presented. The content of the policy document may not be understood or may be poorly explained. The critique of the policy may be inadequate and show no originality. There may be a lack of a reasonable consideration of the service implications or

awareness of the service context. The examiners feel that the review could not be brought up to an acceptable standard. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

The Reflective Account

Pass. The individual's Reflective Account is well structured and presented. It clearly describes how the team went about producing the report. It contains appropriate reflection on the team processes that arose during the production of the report, and it draws on theory and research to inform this reflection. It will contain some critical evaluation of the candidate's own role within the team, and detail the candidate's personal reflections on the process and what they may have learnt from it. It may contrast the candidate's experience in this team with their experiences in other teams. The Reflective Account may contain occasional mistakes or errors of omission, but no significant errors in content or presentation. The text and references should follow the recommendations made in the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26).

Pass with Conditions. Nearly all of the above criteria have been met. However, there are errors or omissions that need to be corrected before the examiner is satisfied that the Reflective Account has reached a Doctorate standard. The examiners may feel that the candidate hasn't quite grasped certain ideas or concepts, or they may have been inappropriately described or applied. The examiners may also feel that the candidate has failed to sufficiently reflect on something that happened in the group. The examiners must specify exactly what these conditions are. They may consist of corrections to statements, the inclusion of additional information or clarification of presented information, or the correction of referencing, grammatical or typographical errors. If additional information is to be included, this must total no more than one additional page (approx 250 words).

Referral. The Reflective Account has failed to reach an acceptable standard. The Account may be badly organised and presented. It may show a low level of reflection on the team processes and little awareness of the relevant literature that might inform an understanding of them. It may use literature inappropriately. There may be little reflection on the individual's contribution to the work or the individual's own contribution to the team processes. There may be a failure to exhibit a sufficient level of self reflexivity and a failure to describe how the candidate made sense of, or learnt from, their experience. There is an expectation from the examiners that the work could be improved

Fail. This work is below an acceptable standard. The Reflective Account may be poorly organised and presented. It may show an inadequate level of reflection on the team processes and may not relate this to the relevant literature. Literature may not be used to inform the account, or is used very poorly. There may be little or no critical reflection on the individual's contribution to the work, or to the team processes. There may be no or extremely limited self reflection. The examiners feel that the report could not be brought up to an acceptable standard. Failure to complete the task set will result in the mark of Fail being awarded for that piece of work.

Procedures

1. The Team Policy Report is submitted in March/April of the first year and a Team Presentation of the Policy Review given in July of the first year. The Team Policy Report consists of two pieces of work: (i) a 3,500 word Policy Review compiled by a team of four to six candidates that summarises and critically reviews an important policy document, and (ii) a 1,500 word Reflective Account written by individual candidates about the team process involved in producing the Report.

2. The Report will be sent to and marked by the two examiners independently using the Marking Criteria and Guidance for Examiners and the Examiner's Assessment Form, paying due regard to the Guidelines on the Preparation of Team Policy Reports given to candidates. Examiners are blind to the identity of candidates. Examiners should not write comments directly on to the Reports.

3. In marking the Team Policy Reports, examiners are required to assign a grade to both parts of the Report. The overall grade awarded to individual candidates should always be the lowest of the two grades. If the Policy Review element of the Report is given a pass with conditions, referral or fail, then this will mean the whole group will need to work on the changes required and will be required to resubmit the Team Policy Report. If the Reflective Account is graded pass with conditions, referral or fail, then only that individual candidate is required to resubmit the Team Policy Report (i.e. both previously submitted Policy Review and the revised Reflective Account).

4. The two examiners will confer and agree marks for the Policy Review and Reflective Accounts. The coordinating/lead examiner is responsible for ensuring that the Confidential Reports containing qualitative comments are prepared. The coordinator/lead examiner will send the Confidential Reports, as well as the independent and resolved marks, to the Programme at least four weeks before the Board Meeting. In the event of the two examiners failing to agree a mark the work will be passed to a third internal examiner for resolution. The third examiner will receive comments from both examiners, as part of the resolution process, and recommend a mark. The marks/grades are then considered and final decisions made by the Board of Examiners. Confidential Reports are used to inform discussion at the Board and are sent to candidates with a letter informing them of the results. In the event of a fail or referral grade, the Report will be sent to the External Examiner for comment about the appropriateness of the grade. The External Examiner's comments should be available for the relevant meeting of the Board of Examiners.

5. A sample of the Team Policy Reports and all marks/grades on the Assessment of the Team Policy Report will be sent to the External Examiner for comment on the examination process prior to the relevant meeting of the Board of Examiners.

6. The assessments and comments will normally be considered and final decisions made at the May/June meeting of the Board of Examiners.

7. In the event of extensive typographical errors, significant errors in the use of language, the need for up to two pages (approximately 500 words) on the Report and one page (approximately 250 words) on the Reflective Account for clarification, significant referencing errors, or missing appendices, examiners can agree a conditional pass that requires the candidate to correct the identified errors. These 500/250 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such corrections would be made within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

8. In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

   The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

9. Candidates will be informed of results by letter and given feedback following the Board of Examiners' meeting. Candidates will also receive more qualitative comments in the form of the brief summary on the Confidential Report (described in (4) above).

10. Work that is re-submitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

Ref: 004/Regulations/Team Policy Report/Marking Criteria/2011 revised 10.21

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

TEAM POLICY PRESENTATION

ASSESSMENT CRITERIA AND GUIDANCE FOR ASSESSORS

Introduction

The presentation is not graded, but assessed formatively. Candidates must, however, take an active part in the presentation in order to complete this component of the assessment system. The assessors will use the criteria detailed below and the Assessor's Form to assess the presentation.

Learning Outcomes

- A detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.
- An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships and strong working relationships.
- 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.

Assessment Criteria

Assessors will rate and make qualitative comments about the following aspects of the presentation.

Structure	The presentation is clearly structured and the structure is introduced at the start of the presentation. There is a clear logic/rationale for the structure.
Content	The main content of the policy document clearly described and presented. The implications for services and psychology are made and some critical commentary is provided.
Engagement	The presenters try to engage the audience, and respond to verbal and non verbal cues. There is an appreciation of the needs of the audience.
Innovation/Creativity	The presenters have thought through the policy document and how it relates to services in an interesting and creative way?

Time Keeping

i) Presentation: Presenters have been briefed to talk for 20 minutes. They should be stopped by the Chairperson after 24 minutes. The expectation is that they keep to the 20 minutes.

ii) Discussion: Presenters have been asked to chair the discussion for 20 minutes. The discussion will be stopped by the Chairperson after 24 minutes. The expectation is that they keep to the 20 minutes.

Audio Visual Aids Audio visual aids are used appropriately in that they are clear, elucidate the presentation and do not contain more information than is possible to read when it is shown to the audience.

Handling of Questions

i) Chairing Discussion: the discussion is appropriately chaired and the audience managed so that specific questions can be made and addressed.

ii) Content: the questions were answered reasonably clearly and competently. The presenters were able to "think on their feet".

iii) Interaction: the presenters were able to manage the interactions and sought further clarification, if needed. The presenters were open to being questioned.

Assessment Procedure

1. The two assessors, following the presentation day, will agree a Team feedback report that will be sent to candidates usually within four weeks. Each member of the Presentation Team will receive the same report. The Examiners' Report will confirm candidates' participation in the presentation and provide feedback on the quality of the presentation. The feedback report will include half a page to a page of feedback about the presentation.

2. The Assessors' Report will be considered at the September meeting of the Board of Examiners and candidates who have taken part in the presentation will be confirmed as having completed the assessment.

3. Under exceptional circumstances, a candidate can request to defer his/her presentation. The request for a deferred presentation must be made using the University's Extenuating Circumstances procedures and must be supported by the candidate's line manager. In the event of candidates not taking part in the assessment in July (first year), an alternative date will be arranged and the candidate(s) will be required to present to the examiners individually. The presentation in this instance should be of fifteen minutes duration, followed by fifteen minutes of discussion. The same procedures with regard to assessment as detailed in (b) and (c) above will be followed.

4. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

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

GUIDELINES ON THE PREPARATION OF THE

QUALITY IMPROVEMENT PROJECT

Learning Outcomes

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

- 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
- An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for other colleagues and professionals, openness and an awareness of the limits to competence.
- 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 detailed, reflective and critical understanding of the social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.
- A commitment to services and the development of inclusive services which seek to empower service users.
- An advanced ability to communicate effectively with service users and other professionals within services in a manner that helps to build partnerships with those individuals and groups. This capacity is considered important in the development of the appropriate leadership skills required in senior members of the profession.
- The capacity to work effectively in multi-professional teams and in partnership with other professions and, when appropriate, to provide consultation, supervision and training to other staff.

Guidelines

1. One Quality Improvement Project must be presented. No candidate shall be exempt from completing the Quality Improvement Project.

2. The aims of the Quality Improvement Project are to assess the above learning outcomes and: (i) to promote awareness of quality improvement issues in the current health and social care work context, (ii) to provide candidates with the opportunity of developing the competencies required for designing and conducting quality

improvement work, (iii) to evaluate changes in the quality of service provision arising out of a Quality Improvement Project and subsequent dissemination of the findings, (iv) to promote collaboration with respective stakeholders through the process of conducting a Quality Improvement Project, and (v) to understand processes associated with trying to bring about change in a clinical setting.

3. The Quality Improvement Project should employ a systematic approach to investigate the topic, and should make use of predetermined methods that are underpinned by a clear model for undertaking quality improvement work. The chosen topic should be relevant to the setting in which the Quality Improvement Project is being carried out and should deal with some aspect of quality improvement that is appropriate to the practice of clinical psychology or related disciplines. The extant literature and service related issues should underpin the rationale and justification for the Quality Improvement Project. The primary focus of the QIP should address a clinically relevant quality improvement issue or question arising out of the practice of clinical psychology (or related disciplines) or training or service context, and should be grounded in NHS values. In this regard the project does not need to be an investigation of psychological phenomena. Where there is any doubt about the suitability of a topic area for the project, candidates should first consult their QIP back-up advisor, who may consult the Research Director, who may in turn consult with the External Examiner as required.

4. The project is intended to be manageable within the parameters of the clinical placement and it should be completed before the end of the placement. The QIP should be completed within a **6 month** timescale. Working on the project should not take more than one half day per week of placement time including time allocated for placement supervision of the QIP. The following are examples of potential projects:

   - A clinical investigation or evaluation of an intervention offered on an individual basis or in a group, to examine change over the course of the intervention (e.g. a single case or group design to examine change in outcome measures, or a questionnaire or survey design to evaluate service user satisfaction or perceived outcome).
   - An evaluation of a service improvement initiative (e.g. to determine whether a new way of managing referrals has reduced waiting times for a first appointment, to evaluate whether staff training has improved risk assessments).
   - An analysis of routinely collected data by a service that is carried out to meet specific aims or objectives (e.g. clinical audit to evaluate whether the service is meeting certain service standards that have been set, such as all case notes having a letter back to the referrer within a month of the first appointment).
   - Projects aimed at service user involvement in the planning or implementation of clinical services.
   - To initiate, develop, implement and evaluate a training package for practitioners or service users.

- A critical review of a service (e.g. evaluating the service delivery based on its service plans, critical incident analysis).
- An evaluation of the current functioning of a staff team or an evaluation following a consultation provided to a team.
- The evaluation of a training programme delivered to staff within the service.

5. The format and style of the Quality Improvement Project should be consistent with the need to communicate the findings to a multidisciplinary group of colleagues, or other respective stakeholders, few of whom will have extensive research experience. The presentation of the project should normally include the following sections:

(i) An abstract

(ii) An introduction to the quality improvement issue or question with critical reference to the extant literature and any relevant evidence base (a comprehensive review is not required but it should consist of sufficient recent literature directly related to the topic or question being addressed). A clear statement of the specific questions or aims being addressed in the project should be provided, and these should be related to the service context in which they arose. It should be made clear what the project was trying to accomplish, and a rationale or justification for the project should be provided. The aims should be grounded in NHS values. For example, much quality improvement work stems from the NHS values of 'Commitment to quality of care' and 'Improving lives'. In some cases, other NHS values may be equally or more relevant.

(iii) An account of how the project was implemented and the process engaged in to address the questions or project aims should be provided. The project method and sample used, and the ethical considerations should be described clearly and succinctly.

(iv) A clear style of presentation should be used to communicate the key findings of the project and how the project led to the desired quality improvement in the service, or how the project led to changes in the understanding of the salient quality improvement issues. The emphasis is on the clarity of communication that should be accessible to a broad range of stakeholders rather than on the technical aspects of the methodology and analysis, although the latter should be clearly and well described.

(v) A discussion of the process and outcome of the project, in the context of the quality improvement questions or aims, should link the findings back to the literature drawn on in the introduction, alert readers to limitations in the design or implementations that may affect the trustworthiness or applicability of the findings, highlight implications or recommendations for the service, describe implementation plans where appropriate, articulate the learning process engaged in carrying out the project, and demonstrate critical self reflection and appraisal of the project carried out.

(vi) There should be a short appended service report of no more than 750 words and a paper copy of the PowerPoint slide presentation to staff. A copy of

the report must be given to the Trust service and R&D department (or other relevant organisation) where the project was carried out.

(vii) Appendices should include copies of all measures used in the project, the service report, and any closely relevant correspondence. All documents in the Appendix must have all identifying names, specific details that could potentially identify the Trust and service and references blanked out: this includes the candidate's own name.

6. All candidates will submit a proposal for the Quality Improvement Project no later than the last Friday of January of their first year to their QIP back up advisor. The proposal should be no longer than 1,000 words. These details need to be sufficient for the back up advisor to judge the viability of the project before it commences and receive feedback.

7. Candidates will submit the Quality Improvement Project (4-5,000 words, excluding abstract, contents pages, references, appended short service report and other appendices) in September at the end of the first year of training.

8. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

9. Candidates are required to submit three stapled copies and an electronic copy of the Project. The project should be typed with double line spacing and the font size should be a minimum of 12. Each Project should be paginated and follow the latest APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26), unless advised otherwise. Exact word counts are required for the Project. The Projects are marked anonymously, so the title pages should include a title and the candidate's examination identity number. The candidate's name should not appear anywhere in the Project. Candidates are encouraged to use double-sided printing where possible.

10. The Project will be independently marked by two Research Examiners. Examiners will use the Marking Criteria and Guidance for Examiners and the Examiner's Assessment Form, paying due regard to the Guidelines on the Preparation of Quality Improvement Projects given to candidates. The two examiners will confer and agree a mark and send independent and resolved marks to the Programme four weeks before the Board meeting. The lead research examiner will also send a paragraph about the Project on the Confidential Report to the Programme four weeks before the Board meeting. The Confidential Report can reflect the legitimate differences of opinion that may exist between the examiners about the work. The marks are then considered and final decisions made by the Board of Examiners. Confidential Reports

are used to inform discussion at the Board and are sent to candidates with a letter informing them of the results. In the event of a fail or referral grade, the Report will be sent to the External Examiner for comment about the appropriateness of the grade. The External Examiner's comment should be available for the relevant meeting of the Board of Examiners.

11. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

12. A sample of Quality Improvement Projects, and all marks on the assessment of Quality Improvement Projects will be sent to the External Examiner for comment on the assessment of work prior to the candidate receiving feedback.

13. The assessments and comments will normally be considered at the November meeting of the Board of Examiners.

14. Candidates will be informed of the results of their Quality Improvement Project assessment following the November meeting of the Board of Examiners. Candidates will also receive more qualitative comments in the form of a brief summary on the Confidential Report (described in (10) above).

15. In the event of extensive typographical errors, significant errors in the use of language, the need for up to two pages (approximately 500 words) for clarification, significant referencing errors, or missing appendices, examiners can agree a conditional pass which requires the candidate to correct the identified errors. These 500 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such corrections would be made within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

16. In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

    The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

17. The two examiners who originally marked the work will usually mark work that is re-submitted and only in exceptional circumstances will different examiners be used.

18. Upon successful completion of the Quality Improvement Project, candidates are required to submit an electronic copy of the final version which will be made available on the Research Blackboard for 2 years. This should be submitted by the specified deadline. The submitted copy must include any amendments required by the Board of Examiners. The title page should contain the name of the candidate. Candidates are advised to keep an additional copy for their own record of work completed.

Ref: 004/Regulations/PPR QIP/Guidelines for Preparation/revised September 2021

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

QUALITY IMPROVEMENT PROJECT

MARKING CRITERIA AND GUIDANCE FOR EXAMINERS

Learning Outcomes

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

- 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
- An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for other colleagues and professionals, openness and an awareness of the limits to competence.
- 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 detailed, reflective and critical understanding of the social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.
- A commitment to services and the development of inclusive services which seek to empower service users.
- An advanced ability to communicate effectively with service users and other professionals within services in a manner that helps to build partnerships with those individuals and groups. This capacity is considered important in the development of the appropriate leadership skills required in senior members of the profession.
- The capacity to work effectively in multi-professional teams and in partnership with other professions and, when appropriate, to provide consultation, supervision and training to other staff.

Marking Criteria

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

Pass
Pass with Conditions
Referral
Fail

Please provide an overall qualitative assessment of the Quality Improvement Project on the Confidential Report. These comments may help you compare your assessment with your

co-examiner and will provide the basis for feedback to be given to the candidate and the Board of Examiners.

Marking Standards for the Grades

Pass. This work has reached an acceptable or above standard. The introduction clearly articulates the question to be investigated or the aim that is set for the project. The aim or question being addressed in the project is firmly grounded in NHS values, the relevant literature and the service or training context. The need for the project is justified well and clearly related to an issue of quality improvement within the health service within the introduction. The method chosen is appropriate to the aim or questions of interest within that context, and the procedures adopted are well executed. There is a demonstration of ethical procedures having been followed in the conduct of the project. Where aspects of the project do not come off as anticipated, this is due to circumstances that could not have realistically been foreseen, and steps are taken where practical to compensate for this so as to improve the validity of the results, including implications for continuing quality improvement work within the service. Analyses are carried out that investigate the project aim or questions of interest and appropriate inferences are drawn from the results. The discussion relates the results to the issues set out in the introduction and to previous literature, outlines the limitations of the project and implications of these limitations, provides a description of the feedback and suggestions for quality improvement given to the interested parties, and offers an evaluation of the impact of the dissemination of the findings and any improvements that have occurred. The candidate shows a capacity for critical self-evaluation and an ability to articulate the learning process that was engaged in carrying out the project. There is a clear sense that the project is seen as part of an on-going process of quality improvement. The sophistication of conceptual material and argument is of a high standard appropriate to a Doctorate level award. Presentation of the report should be good with minimal typographical errors. References should be complete and presented in the APA style in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26).

Pass with Conditions. Nearly all of the above criteria have been met. However, there are errors or omissions that need to be corrected before the examiner is satisfied that the report has reached a doctoral standard and is suitable to be viewed by others as such. The examiners must specify exactly what these conditions are. They may consist of corrections to statements, the inclusion of additional information or clarification of presented information, or the correction of referencing, grammatical or typographical errors, or missing appendices. If additional information is to be included this must total no more than two pages (approximately 500 words).

Referral. This work has failed to reach an acceptable standard. The area of inquiry may not be clearly articulated, the questions of interest not adequately justified, or the structure may not be sufficiently coherent. The methods used may not be adequately explained or the results not presented to an acceptable standard, probably giving rise to questions about the candidate's own understanding. There may not be an appropriate context provided for interpreting the findings and for understanding any limitations of the study. The depth and

sophistication of argument is lower than expected at this level. The work is not well presented or references are incomplete.

Fail. This work is below an acceptable standard. The aims and objectives of the project are unclear or unfocussed or the theoretical, value-based or empirical grounding is weak. The structure of the write-up is confusing in a number of places. The description of the methodology is very difficult to understand or the methodology itself does not appear to follow from the research question being posed. The presentation of the method or results contains mistakes and does not demonstrate a firm grasp of the relevant material or makes it very difficult to be confident of what was done and why. Mistakes are made in the interpretation of the findings, which are not properly placed in the context of their limitations. The candidate does not demonstrate a level of self-criticalness or insight that would ameliorate any of the other difficulties that are present. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

Guidance

1. All reports must be between 4,000 and 5,000 words, excluding abstract, contents pages, references, appended service report and other appendices. Examiners are asked to be familiar with the Guidelines on the Preparation of Quality Improvement Projects. The following table provides guidance under the specific headings of the Confidential Report to assist the Examiners in evaluating the different dimensions of the report.

	PASS	**REFERRAL**	**FAIL**
Abstract	Clearly written, provides an adequate summary for someone not reading the full report.	Not very clearly written and does not manage to convey the gist of the full report.	Not adequate as a summary of the full report.
Critical Review Of Extant Literature And Other Relevant Quality Improvement Work	A concise but critical review of the extant clinical, theoretical, and empirical literature that is relevant to identified aim of the project and model of quality improvement adopted. The literature and reporting of other quality improvement work is used to provide a basis for the project.	Falls short of providing a conceptual framework for the project. The literature cited is not well summarised, too narrow, or not clearly relevant to form the basis of a rationale for the project.	Fails to provide a grounding for the project in the literature through irrelevance or sparseness of the literature cited or through serious difficulties in either understanding or written communication.

	PASS	REFERRAL	FAIL
Rationale And Outline Of The Quality Improvement Aim Or Question	A clear and readily understood justification is provided for addressing this particular quality improvement aim or question and a description is provided of the overall service context so as to show why this was an important area to address, and what the project was trying to accomplish. The aims are explicitly grounded in NHS value(s).	No rationale is provided or the rationale fails to justify why this particular aim or question was worth pursuing.	No rationale is provided for why the particular problem was worth investigating or the rationale provided raises serious concerns about the candidate's under-standing of the area or the process of developing practice evaluation.
Method And Procedure	Choice of methodology is well explained and follows from the nature of the aim or question stated for the project. It represents a sensible approach that should provide useable and valid results. Key measures are identified (e.g. of change, outcome, satisfaction, performance), are appropriate and adequate justification of their use given. A reasonable effort is made to implement the plan. Where practical, appropriate steps are taken to compensate for unanticipated factors so as to maximise the validity and applicability of the results obtained. Good attention is paid to ethical concerns.	Why a particular method was chosen why key measures were selected is not made clear. Candidate does not demonstrate adequate insight into advantages and limitations of the method chosen. Either the implementation of the project plan or its description falls short of the expected level of competence. Candidate has failed to respond flexibly to developing circumstances. Ethical considerations are missing or dealt with superficially.	Choice of method or key measures appears to be arbitrary or due to factors other than their appropriateness to the problem at hand. Serious difficulties with description of the method suggest a lack of either understanding or practical competence. The implementation of the plan or its description clearly suggests that the candidate has not attained the expected level of research competence. Surmountable obstacles are not responded to appropriately. Evidence of unethical practice and/or failure to appreciate what important ethical considerations should have been taken in to account.

	PASS	REFERRAL	FAIL
Analysis And Results	The chosen analyses are appropriately carried out. The presentation of the results is readily understandable, adheres to style conventions (e.g., in the presentation of statistics, graphs, or tables), and relates to the questions of interest.	Either implementation or presentation of results falls short of the expected level. Conclusions drawn may not be appropriate or not well linked to the aims or questions being addressed in the quality improvement project.	Description of analyses and results raise serious doubts about the candidate's understanding. Inferences made are incorrect or unsubstantiated or are not appropriate to the analysis used. Analyses do not provide answers to aims or questions set for the project.
Interpretation And Dissemination Of Results	The discussion convincingly relates the results to the issues set out in the introduction and to the previous literature. Limitations to the procedures used and the conclusions that can be reached are included. A capacity is shown for critical self-evaluation, as well as an ability to reflect on the learning process. Feedback is effectively disseminated to interested parties and appropriate recommendations are made for further quality improvement work within the service context.	The discussion does not manage to tie all of the threads of the project together and relate them back to the issues covered in the introduction or previous literature. There are significant concerns with the interpretation of the results in terms of inappropriate inferences or lack of insight into limitations. The candidate does not critically self-reflect to an appropriate degree. Feedback to interested parties is lacking in some way.	The discussion gives rise to definite concerns about the candidate's level of understanding. The thread of the investigation started in the introduction may have been lost. Insight is lacking into mistakes made in previous sections, which may instead be magnified. Limitations of the project are not well addressed. Critical self-reflection is either lacking or off the mark. Dissemination of findings back to the service is either absent or ineffective.

	PASS	REFERRAL	FAIL
Presentation *a) adheres to APA guidelines* *b) Grammatical and typo-graphical errors* *c) References*	a) PASS: References are complete and presented in the latest APA style. PASS with CONDITIONS: References are incomplete and/or not in the latest APA style.. b) PASS: Few grammatical errors. Spelling largely correct, with only minor omissions. PASS with CONDITIONS: A large number of grammatical and spelling errors, suggesting the review had not been adequately checked or proofread.	a) The report deviates from the guidelines in significant ways. b) References are mostly missing	a) The report does not adhere to the guidelines.

2. Candidates are required to submit three stapled copies of the Project. The project should be typed with double line spacing and the font size should be a minimum of 12. Each Project should be paginated and follow the latest APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26), unless otherwise advised. Exact word counts are required for the Project. The Projects are marked anonymously, so the title pages should include a title and the candidate's examination identity number. The candidate's name should not appear anywhere in the Project. Candidates are encouraged to use double-sided printing where possible.

3. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

4. The Project will be independently marked by two Research Examiners. Examiners will use the Marking Criteria and Guidance for Examiners and the Examiner's Assessment Form, paying due regard to the Guidelines on the Preparation of Quality Improvement Projects given to candidates. The two examiners will confer and agree a mark and send independent and resolved marks to the Programme four weeks before the Board meeting. The lead research examiner will also send a paragraph about the Project on the Confidential Report to the Programme four weeks before the Board meeting. The Confidential Report can reflect the legitimate differences of opinion that may exist between the examiners about the work. The marks are then considered and final decisions made by the Board of Examiners. Confidential Reports are used to inform discussion at the Board and are sent to candidates with a letter informing them of the results. In the event of a fail or referral grade, the Report will be sent to the External Examiner for comment about the appropriateness of the grade. The External Examiner's comment should be available for the relevant meeting of the Board of Examiners.

5. A sample of Quality Improvement Projects, and all marks on the Assessment of Quality Improvement Projects, will be sent to the External Examiner for comment on the assessment of work prior to the candidate receiving feedback.

6. The assessments and comments will normally be considered at the November meeting of the Board of Examiners.

7. Candidates will be informed of the results of their Quality Improvement Project assessment following the November meeting of the Board of Examiners. Candidates will also receive more qualitative comments in the form of a brief summary on the Confidential Report (described in (4) above).

8. In the event of extensive typographical errors, significant errors in the use of language, the need for up to two pages (approximately 500 words) for clarification, significant referencing errors, or missing appendices, examiners can agree a conditional pass, which requires the candidate to correct the identified errors. These 500 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such corrections would be made within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

9. In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical

Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

10. Work that is re-submitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

Ref: 004/Regulations/PPR QIP/Marking Criteria/2011 revised 10.21

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

GUIDELINES ON THE PREPARATION OF CRITICAL REVIEWS

Introduction

The purpose of this assessment is to help the trainee to develop competencies that will be required when developing new or existing services, areas of practice and research initiatives. Whilst the review may be of a publishable standard, the level set here is that it should be written to inform a professional team but not necessarily an expert group. The assessment contributes to the following educational objectives of the programme:

1. 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

2. A reflective approach to practice and for this to be evident in terms of a high level of self awareness (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (context reflection).

3. An advanced and critical understanding of, and ability to apply, at least four 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.

More specifically the assessment will facilitate the following skills to be developed:

a) To be able to search the available literature on a selected topic in a systematic and rigorous way using electronic and manual methods.

b) To be able to describe how this search was completed and give a rationale in focusing the review.

c) To be able to focus a review of literature within specific parameters e.g. time available, length of report and level of sophistication necessary.

d) To be able to succinctly and clearly present this literature to the audience by including:

   I. the current edge of research, theory and/or debate;
   II. a sense of how this literature has developed;
   III. a review of any methodological issues;
   IV. a synthesis of this material to provide a convincing and reliable overview of the topic, and a conclusion reached on the basis of reasoned argument.

e) To be able to adequately discriminate between the existing critiques of the topic and their own critique.

f) To develop an in depth knowledge of a specific area of interest within a specified area of clinical psychology.

Guidelines

1. The Critical Review will be on a topic relating to working with either Children or People with Disabilities and submitted during the second year (June). The choice of area will be that of the trainee.

2. Critical Review Topics will be set by a member of the programme team in liaison with other members of the programme team who will examine the Reviews, or who are experienced in the relevant specialties. The Critical Review topics will be approved by the External Examiner prior to distribution to candidates.

3. Candidates are required to submit three stapled copies and an electronic copy of the Reviews. The Reviews should be typed with double line spacing and the font size should be a minimum of 12. Each Review should be of 5,000 words (excluding abstract, contents pages, references and appendices), paginated and follow the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26). Exact word counts are required for all reviews. The Reviews are marked anonymously, so the title page should include a title and the candidate's examination identity number. The candidate's name should not appear anywhere in the Review.

4. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

5. In the development of Critical Review titles, it must be borne in mind that there should not be any substantial overlap in area of content with other pieces of assessed work including Professional Practice Reports and the Team Presentation assessment. The trainees' manager may be consulted at this stage of the process to help focus and structure the review.

6. The literature search(es) carried out must be appropriate to the review title. In some instances more than one search will need to be carried out, e.g. to provide a general overview of the area and then to focus in detail on one or more specific issues. A description of search methodologies must be included. Some searches will be very systematic and focussed, others less so dependent upon the focus of the review.

7. Summaries of relevant work may be given through references to review papers and meta-analyses. Where there is a large literature, work that is representative may be presented, but this should be stated clearly and a rationale given for the

choice of the material presented. Where little literature is available a fully comprehensive review might be presented.

8. Tables and figures may be used to summarize, illustrate or present material that would be less clearly or succinctly presented in textual form. Tables are a useful way to briefly summarize the results of a number of similar papers. A flow chart summarising the search strategy and a summary of studies table are strongly recommended.

9. Care should be taken that references are complete, in the APA style and should include full details of cited secondary references.

10. Critical reviews should be broken down into subsections with headings. The sections should follow logically on from each other and within each section the paragraphs should form a coherent story. Each paragraph should make one general point, perhaps made up by a number of sub-points. Avoid multi-clausal sentences.

11. An introductory schematic abstract of up to 200 words should be included and does not form part of the word count.

12. Reviews must reflect the title as stated and attend to all the issues raised therein. This will usually include a clear explication of the topic to be reviewed and key issues, an understanding and critical evaluation of the work already carried out, a critical review of the research, and possible implications for clinical, professional or/and research work.

13. The format or structure of the review will be dependent upon the chosen area, but should minimally include:

- title page (including title of Critical Review; topic name; candidate number and word count);
- abstract;
- contents page;
- an introduction;
- the main body of the review;
- conclusions;
- references.

14. From the topic headings provided by the Programme, candidates will develop their own specific titles to reflect the work they have chosen to undertake. These titles are best developed after some preliminary reading in the area and may be further refined as more literature is reviewed. A rationale must be given linking the title to the topic and explaining the reason for addressing this topic.

15. Titles should be no more than 20 words in length.

16. Candidates should read the Marking Criteria for Examiners for further guidance.

17. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

18. Critical Reviews must be the candidate's own work. Copying and plagiarism is unacceptable and the procedure described in Section 3 of the Assessment Regulations Handbook will be used in such cases.

19. In the event of extensive typographical errors, significant errors in the use of language, the need for up to two pages (approximately 500 words) for clarification, significant referencing errors, or missing appendices, examiners can agree a conditional pass which requires the candidate to correct the identified errors. These 500 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such conditions would be met within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

20. In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

    The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

21. Candidates will be informed of the results by letter following the Board of Examiners' meeting. The actual grade and more qualitative comments will be given in the form of a brief summary on the Confidential Report.

22. Work that is re-submitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

23. At the end of the Programme, candidates are required to submit one bound volume containing the Team Policy Report (excluding the Reflective Account), Critical Review and Supplementary Report. This should be submitted in the appropriate formal binding as soon as possible following formal notification from the Board of Examiners. The submitted copy must include any amendments required by the Board of Examiners. The title page should contain the name of the candidate. This volume will be kept as the public record in the Library.

Candidates are advised to keep an additional bound copy for their own record of work completed.

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

CRITICAL REVIEW

MARKING CRITERIA AND GUIDANCE FOR EXAMINERS

Learning Outcomes

1. 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

2. A reflective approach to practice and for this to be evident in terms of a high level of self awareness (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (context reflection).

3. An advanced and critical understanding of, and ability to apply, at least four 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.

Marking Criteria

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

Pass
Pass with Conditions
Referral
Fail

Please provide an overall qualitative assessment of the Critical Review on the Confidential Report. These comments may help you compare your assessment with your co-examiner and will provide the basis for feedback to be given to the candidate and the Board of Examiners.

Marking Standards for the Grades

Pass. This work has reached an acceptable or above standard. The topic of the review is clear and the content well structured and easy to follow. There is a described and appropriate method to the literature search ensuring the important literature in the area has been included. The review is appropriately critical and evaluative of both the evidence it presents and the research methods that led to this evidence. The arguments presented are adequately justified from the material presented and an unbiased and open-minded stance has been adopted at the outset. The sophistication of conceptual material and argument is of a good standard appropriate to a Doctorate level award. The review should demonstrate an in-depth knowledge of the topic area and there

should be synthesis of the material such that the candidate has developed an original understanding. Any clinical or research implications should be clearly stated. Clear conclusions are reached at the end of the review. The presentation of the review should be good with few, if any, typographical errors. References are complete and presented in the APA style.

Pass with Conditions. Nearly all of the above criteria have been met. However, there are errors or omissions that need to be corrected before the examiner is satisfied that this review has reached a Doctorate standard and is suitable to be viewed by others as such. The Examiners must specify these Conditions. These may include extensive typographical errors, significant errors in the use of language, clarification, the inclusion of missing information and correction. Up to two additional pages (approx 500 words) may be included under Conditions. If more correction than this is needed the work may be considered a referral.

Referral. This work has failed to reach an acceptable standard. A substantial number of the following concerns may be present. The topic area may be unclearly articulated and the structure may lack some coherence. The methods used to review the literature may be inadequately explained or not rigorous enough to ensure that the majority of the appropriate literature has been included. There is insufficient justification of the arguments presented. The depth and sophistication of argument is lower than expected at this level. The evidence presented is insufficiently evaluated. The material is not adequately synthesised and the conclusions are too repetitive of previous reviews. The inclusion of material has been inappropriately selective resulting in a biased perspective. The work is not well presented and references incomplete.

Fail. This work is at an unacceptable standard. All or a substantial number of the following concerns may be present. The topic is unclear and unfocussed. The structure is confusing and provides no clear pathway through the material presented. No methodology to the review is described or it is clearly inadequate. The inclusion and exclusion of material is haphazard, leading to an incomprehensive review. Material is accepted with little or no critical analysis. The review is too broad and lacks an in-depth understanding. Information is presented without clear linkage to a coherent argument. Little justification is given to the arguments presented and bias is evident. The material presented is reliant on few sources and the literature is not up to date. No clear conclusions are reached and the review has failed to confidently inform the reader about the chosen topic. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work. Failure to complete the task set will result in the mark of Fail being awarded for that piece of work.

Guidance

The following table provides guidance under specific headings of the Confidential Report to assist the Examiners in evaluating the different dimensions of the review. All reviews must be no more than 5,000 words. Examiners are asked to be familiar with the Guidelines on the Preparation of Critical Reviews.

	PASS	REFERRAL	FAIL
Abstract	Clearly written, setting out the purpose or objectives of the review, the methods used, results and conclusions. Sub-headings may be appropriate.	Not very clearly written and with some information missing.	Does not adequately describe the review.
Title	Informs the reader what the focus of the review will be and this is matched by the content. Is succinct but clearly focussed.	Only provides a vague idea as to the content of the review. Is too broad and unfocussed.	Provides little information about the focus of the review. Topic area inappropriate or ill-defined.
Introduction *a) Interpret-ation of the title* *b) Scene setting* *c) Route map*	a) Makes explicit what the review will be about and raises the issues mentioned or implied in the title. b) Provides a clear and convincing rationale for the choice of the specific focus of the review. Key concepts and terms are defined in an informed and useful way. There is an understandable and convincing rationale for the inclusion and exclusion of material. c) Adequate directions are given that enable the reader to make sense of what is to follow.	a) Fails to adequately elaborate on the title leaving the reader unfocussed as to the content of the review. b) There is some rationale given for the choice of topic but this is unclear or unconvincing. Significant key terms or concepts are inadequately defined. Insufficient justification is given for the selection of material. c) Confusing or insufficient directions are given to the reader about what follows.	a) Does not elaborate on the title and leaves the focus of the review unclear. b) No rationale is given for the choice of this topic. Little or no attention is paid to defining key terms or concepts, or they are defined wrongly. No comment is made about selection of material. c) Directions were absent or wrong.
Methods	How the literature review was carried out was adequately explained, including which and what type of searches were made, exclusion/inclusion parameters, the resulting literature and its analysis. Demonstrates explicit knowledge about how to carry out literature surveys.	Insufficient information is given about how the literature was reviewed. The method described was not rigorous enough to provide comprehensive inclusion of the majority of the relevant literature. Demonstrates a limited knowledge of literature searching.	No systematic method was employed or described and the literature reviewed was either serendipitous or selected on other criteria not leading to a comprehensive inclusion of all relevant material. No apparent knowledge demonstrated about literature searching.

	PASS	REFERRAL	FAIL
Structure	There is a clear and coherent structure to the review with good linkage between elements. Sub-headings are used effectively.	The material is inadequately structured, making it difficult for the reader to follow any argument. Links are not adequately made between sections.	There is no clear structure and there is no evidence of any line of argument being followed through. Little or no thought has been given to how best to present the material.
Literature	A thorough review of the relevant literature, which is systematically analysed and all the main variables and arguments identified. Demonstrates the ability to select key material to support the argument presented. The writer relies on high quality, up to date, primary sources which are cited appropriately.	The literature not reviewed systematically, and biased in its presentation. Over-dependence on some sources and a lack of judgement about the quality of literature used to support arguments. High use of secondary sources and superseded references. Sources are cited poorly.	A serendipitous approach to the literature leaving the reader unconfident that the most appropriate literature has been reviewed, and may not have been reviewed in an impartial and thorough way. The literature is outdated, poorly cited and there is over reliance on some work.
Critical Analysis	Material is critically evaluated in a rigorous but balanced way. The review uses this critical analysis constructively to draw out clinical, professional and/or research issues. The most important flaws in previous research are identified.	There is little evaluation of the evidence presented, or the evaluation is not balanced, accurate or informed. Few links are made to the research/clinical or professional implications. The most important flaws in previous research are not identified.	No critical analysis is undertaken. Evidence is accepted with disregard to quality. No links are made with the implications of the evidence. No research flaws are identified.

	PASS	REFERRAL	FAIL
Synthesis of material and originality	The review shows a good understanding of the topic. Material has been drawn together in an original way to provide an overview. Material is reviewed in an appropriate depth. The vast majority of literature is relevant and all parts of the title are addressed.	Material is presented in a list-like way with no synthesis drawing it together. Conclusions reached are not supported by the evidence. Previous formats have been too closely followed, resulting in a lack of originality. Only a proportion of the literature seems relevant and is reviewed in either too much or too little detail.	Material is presented with little effort made to link it together and fails to address the title fully. Seemingly irrelevant material is included. The conclusions are not linked or supported to the material presented. There is a consistent lack of method to reviewing the material. The review lacks any original conclusions.
Clinical/ research/ professional implications	Clinical, research or professional implications are drawn out and are firmly grounded in the evidence presented.	The implications are unclear, not specified or unjustified from the material presented. They may be poorly thought through.	Implications are not specified, unjustified, confusing or grandiose. They may be practically impossible and naïve.
Conclusion	The conclusions flow clearly from the material and ideas presented and provide a reasonable and useful conclusion.	The conclusions are unclear and do not flow clearly from the presented material. The conclusions may be unjustified.	There are no clear conclusions or they seem unrelated to the material presented.
Presentation *a) adheres to APA guidelines* *b) Grammat-ical and typograph-ical errors* *c) References*	a) The review adheres to the APA guidelines in terms of content and style, with only minor errors. b) Few grammatical errors. Spelling largely correct, with only minor omissions that could have been missed by using a computer spell check and by proof reading. c) References are complete and in the APA style.	a) The review deviates from the guidelines in significant ways. b) A significant number of grammatical errors. Spelling errors that should have been picked up. c) There are significant problems with the references in terms of being incomplete and/or not in the APA style.	a) The review does not adhere to the guidelines. b) A large number of grammatical and spelling errors, suggesting the review had not been checked or proof read. c) References are missing completely.

Procedures

a) Reviews will be sent to and marked by the two examiners independently using the Marking Criteria and Guidance for Examiners and the Examiner's Assessment

Form, paying due regard to the Guidelines on the Preparation of Critical Reviews given to candidates. Examiners are blind to the identity of candidates.

b) The two examiners will confer and agree a mark for each piece of work. The coordinator/lead examiner is responsible for preparing the Confidential Report which contains qualitative comments about the pieces of work. The Confidential Report can reflect legitimate differences of opinion that may exist between examiners about the work. The coordinator/lead examiner will send the Confidential Report, independent and resolved marks to the Programme at least four weeks before the Board meeting. In the event of the two examiners failing to agree a mark the work will be passed to a third internal examiner for resolution. The third examiner will receive comments from both examiners as part of the resolution process and recommend a mark. The marks/grades are then considered and final decisions made by the Board of Examiners. Confidential reports are used to inform discussion at the Board and are sent to candidates with a letter informing them of the results. In the event of a fail or referral grade, the Review will be sent to the External Examiner for comment about the appropriateness of the grade. The External Examiner's comment should be available for the relevant meeting of the Board of Examiners.

c) A sample of Reviews and all marks/grades on the Assessment of the Critical Reviews will be sent to the External Examiner for comment on the examination process prior to the relevant meeting of the Board of Examiners.

d) The assessments and comments will be considered and final decisions made at the May/June meeting of the Board of Examiners.

e) In the event of extensive typographical errors, significant errors in the use of language, the need for up to two pages (approximately 500 words) for clarification, significant referencing errors, or missing appendices, examiners can agree a conditional pass which requires the candidate to correct the identified errors. These 500 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such conditions would be met within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

f) In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

g) Candidates will be informed of results by letter and given feedback following the Board of Examiners' meeting. Candidates will also receive more qualitative comments in the form of the brief summary on the Confidential Report (described in (b) above).

h) Work that is re-submitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

i) At the end of the Programme, candidates are required to submit one bound volume containing the Team Policy Report (excluding the Reflective Account), Quality Improvement Project, Critical Review and Supplementary Report. This should be submitted in the appropriate formal binding as soon as possible following formal notification from the Board of Examiners. The submitted copy must include any amendments required by the Board of Examiners. The title page should contain the name of the candidate. This volume will be kept as the public record in the Library. Candidates are advised to keep an additional bound copy for their own record of work completed.

Ref: 004/Regulations/Critical Reviews/Marking Criteria/2011 revised 2021

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

GUIDELINES ON THE PREPARATION OF

PROFESSIONAL PRACTICE REPORT: DIRECT WORK

Learning Outcomes

The learning outcomes to be assessed through this work include:

- 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.

  An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for colleagues, other professionals and service users, openness and an awareness of the limits to competence.

- A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts 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 detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.

- A commitment to services and the development of inclusive services which seek to empower service users.

- An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships and strong working relationships.

- 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 approach to learning and development which recognises the need for it to be life-long in order to remain professionally and clinically competent, and the skills

necessary to systematically acquire, synthesize and critique complex and detailed bodies of knowledge.

Guidelines

Three Professional Practice Reports: Direct Work must be presented. These should be selected to demonstrate the candidate's clinical competence. They should cover a range of ages, types of problem and clinical procedures and should include cases involving direct work with individual clients or groups of clients and/or work with clients, carers or staff involved. Evidence of knowledge of more than one psychological model is required. It is crucial that issues of confidentiality are addressed and, in those cases where appropriate, full attention should be given to the matter of consent, or capacity to consent (citing up to date legislation where relevant e.g. Mental Capacity Act 2005). Some examples of suitable clinical activities are individual and group work with clients (including extended assessments), working with families, working with clients' carers, or staff involved with clients' care.

1. One Professional Practice Report: Direct Work must be presented from each of the following three areas of supervised experience: Child, Disabilities (across the lifespan), and Older People or other specialty. Trainees are encouraged to write up an extended assessment, for one of their Professional Practice Report submissions.

   All PPRs, regardless of whether they are an extended assessment or not, should report on the use of at least one psychometric test with the client and/ or members of their support network or reasons given as to why this was not possible/appropriate. The definition of a psychometric test has been interpreted broadly to encompass any of the following:
   - Questionnaires, self-report scales or outcome measures
   - Neuropsychological tests
   - Session by session monitoring
   - Projective tests
   - The trainee, in liaison with their line manager, is responsible for ensuring that an appropriate range of work is submitted.

2. It is not appropriate to include material that has been submitted for another examination unless the prior agreement of the Board of Examiners to do so has been obtained. Work published (but not submitted for another examination) may be included when the candidate is sole author or, in the case of multiple authorship, when the candidate's responsibility can be, and is, clearly specified. Although candidates are encouraged to undertake joint work, there are constraints on the submission of some kinds of joint work for examination because of the problem it raises in evaluating a candidate's personal clinical competence. The Board accepts the following categories (a) joint work for which the candidate took the primary responsibility, and (b) joint work in which the candidate shared equal responsibility with another professional. Work undertaken jointly with another trainee clinical psychologist or in which the candidate took a subsidiary role should not be submitted. In all cases it should be made absolutely clear which procedures were carried out by the candidate and

which by the collaborator, though candidates will be expected to take responsibility for the whole of what is submitted.

3. The Reports submitted should enable the examiners to have a clear idea of the problem to which the Report refers and of the way in which it was tackled. Examiners will be looking for a systematic approach to the problem which integrates theory with practice and addresses the issue of outcome. The examiners will attach particular importance to the application of psychological knowledge in the formulation of the problem, the competent use of psychometric measures to assess the nature of the problem, the candidate's understanding and ability to demonstrate therapeutic competence and the candidate's demonstrated ability to evaluate clinical work critically and to learn from it.

4. Reports should normally be structured using the following framework. Variations to this structure are acceptable but candidates should provide a brief rationale for this and present their work in a coherent way which takes into account the content of points (i) to (viii) below as fully as possible.

(i) A brief statement of how and/or why the problem came to the candidate or their supervisor.

(ii) An initial assessment that might include information from interviews, case notes, meetings, telephone calls, observation or daily diaries. The use of at least one psychometric measure should also be evident where this is possible, or reasons given for not including a measure. Such assessment should form the basis for subsequent action and review of outcome. Which measures are appropriate to use may be dependent on a number of factors including the theoretical model informing the work, the service context, the presenting problems being brought to the service, the acceptability of the use of such measures to the client, and the aims of the work to be undertaken. This thinking will need to be demonstrated.

When writing up the ways in which the psychometric measures were used, it will be important for the trainee to convey critical thinking regarding the results, and ethical practice in how the measures were administered and conclusions discussed with the client.

For all Reports, evidence of consideration of issues of consent, confidentiality, assessment of risk and its management, responsibility around appropriate recording of information gathered, and use of supervision, would be important to demonstrate.

(iii) An initial formulation which consists of hypotheses about how the problem may be understood after the assessment phase or during the early stages of assessment (if the whole intervention was an extended assessment). Such an initial formulation could require significant amendment as a result of knowledge gained during the extended assessment and/or intervention, but should at this early stage be well-grounded in the assessment information presented and lead coherently to the action plan.

(iv) An action plan following logically from the initial assessment and formulation of the problem. This action plan might involve further detailed assessment, an outline of therapeutic intervention, proposals for service development, and/or an outline of a teaching programme. Where relevant it should refer to the professional, diversity and ethical issues raised. In the case of an extended assessment, what further assessments are proposed to be undertaken and why needs to be clear, as well as a brief description of the tests, with reference made to their appropriateness for use for the purposes outlined.

(v) A description of how the action plan was implemented (the intervention). Although not a verbatim account, this should provide enough detail and/or examples to enable their examiners to have a clear picture of which procedures were adopted. It is important to demonstrate the link between theory and practice in this section and relate procedures to established research findings.

(vi) A description of what was achieved. This will need to include reference to any change in outcome measures used, and might also include qualitative accounts and/or measures of change in psychological functioning or wellbeing, skills, settings, management practice, or effectiveness of teaching programmes. Service user or carer feedback should also be included. Follow-up details should be described in this section. In the case of an extended assessment, an outline of the assessment results, showing an ability to synthesise the material gathered into a meaningful, coherent summary and proposed further action plan/ intervention, will be required. In addition, critical thinking in the interpretation and formulation of the findings will need to be demonstrated, evidencing sensitive feeding back of the results to the service user, his/her network and other professionals involved.

(vii) Reformulation. If, at the end of the work, candidates considered that a reformulation using a different theoretical model is important to include, it is usually better presented as a separate section. In addition, if a significant development of the existing formulation is required, strong consideration should be given to writing the reformulation as a separate section. Such a section should include both some rationale for why a reformulation was important as well as the reformulation itself. It is not essential to include a reformulation section but if it is omitted then some comment on the initial formulation needs to be made in the critical reflections section.

(viii) Critical Reflections. This should provide a reflective review of the clinical work that has been presented and demonstrate what has been learnt as a result. It should indicate clearly the understanding of the problem that was achieved by the end of the episode of work and provide a critical appraisal of the outcome. This would include reference to the role of the supervisor as well as theoretical, practice, contextual and ethical considerations. It is important to consider, as part of the context, the issues of diversity raised by the work.

5. Information which could identify a client to someone who knew them should be removed. Clients' actual names should never be included, but should be replaced by fictitious names or initials. Other information that might identify the client, for example, dates or places of birth, or very specific job titles, should not normally be included in the Report. If such information is very central to the clinical work being reported, it should not be removed, but it may then be appropriate to disguise some other aspect of the client's identity in order to preserve their anonymity. For example, if information about someone's job is central to their clinical presentation, then it might be appropriate to disguise some other aspect of their personal information (such as changing their nationality from English to Scottish). Such changes should only be made where candidates have good grounds for doing so. In addition, information that might identify other professionals or services should be removed (including from the Appendices). Candidates should consider issues relating to the prevention of individual clients being identified in discussion with their supervisors.

   A statement declaring that changes have been made to the Report to prevent the identification of the client/s should be included in the title page.

   It is expected that normally the candidate will have sought the consent of the client to the work being written up as a PPR. A brief indication should be provided in the Report of the process for obtaining that consent. If there are compelling clinical reasons why it is not possible or appropriate to obtain such consent, then these reasons need to be outlined, along with an indication of any relevant discussions about this issue with the candidate's supervisor. Trusts may have their own guidance regarding the use of clinical material for educational purposes. It is important that you check what procedures are in existence for the Trust in which you were on placement and follow these. An example is the Surrey and Borders Partnership NHS Trust policy, which can be found at http://www.sabp.nhs.uk/foi/policies/.

6. Normally, relevant letters and reports written by other professionals should be attached as appendices to a PPR in order to document the information drawn upon. If this is done, the trainee must show how they considered and acted upon the consent and /or confidentiality issues raised by using documents written by a third party. How this was addressed should be documented in the PPR. If consent has to be sought but was not granted for whatever reason, reference to material from third party sources might still be incorporated in the body of the PPR text as part of the account of the psychological work, and an explanation provided for the absence of the document.

   Trainees should always consult and seek advice about local NHS policies on the use of third party information and discuss the issues with their supervisors.

   Each Report should include, as an appendix, copies of any letters or official reports written by the candidate, as report writing is a professional communication skill. With this in mind, trainees are required to include a therapeutic letter or summary report as an Appendix. This may be addressed to the service user, family member, carer or another professional in recognition that the nature of clinical correspondence will vary in different contexts. Trainees must

include a reasonable explanation for the absence of such a letter or report, given that this would normally be considered good practice.

7. The Reports submitted may vary in length. However individual reports **must not exceed 5,000 words (excluding the references, contents page, tables and appendices).** The Reports should be able to be read without constant reference to the appendices. An exact word count for each report must be included on the cover of the report along with a statement specifying that, for reasons of confidentiality, all names (individuals, units and places) are fictitious.

   Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

8. Candidates are required to submit three stapled copies and an electronic copy of the Professional Practice Reports: Direct Work. These Reports should be typed with double line spacing and the font size should be a minimum of 12. Each report should be paginated and follow the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26). Exact word counts are required for Reports. The Reports are marked anonymously, so the title page should include a title and the candidate's examination identity number. The candidate's name should not appear anywhere in the Report. Candidates are encouraged to use double-sided printing where possible.

9. Reports will be sent to, and marked, by two examiners independently using the Marking Criteria and Guidance for Examiners and the Examiner's Assessment Form, paying due regard to the Guidelines on the Preparation of Professional Practice Reports: Direct Work given to candidates. The two examiners will confer and agree a mark and send independent and resolved marks to the Programme four weeks before the Board meeting. The lead examiner will send a Confidential Report that contains qualitative comments about the Report to the Programme four weeks before the Board meeting. This Confidential Report can reflect the legitimate differences of opinion that may exist between examiners about the work. The marks/grades are then considered and final decisions made by the Board of Examiners. Confidential Reports are used to inform discussion at the Board and are sent to candidates with a letter informing them of the results. In the event of a fail or referral grade, the Report will be sent to the External Examiner for comment about the appropriateness of the grade. The External Examiner's comment should be available for the relevant meeting of the Board of Examiners.

10. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

11. A sample of Reports will be sent to the External Examiner for comment on the examination standards and process prior to the relevant meeting of the Board of Examiners.

12. A Board of Examiners meeting will be held after the end of placement to consider and make final decisions about the results. The final decision about the Assessment of Clinical Competence will be made by the Board of Examiners.

13. In the event of extensive typographical errors, significant errors in the use of language, the need for up to two pages (approximately 500 words) for clarification, significant referencing errors, or missing appendices, examiners can agree a conditional pass that requires the candidate to correct the identified errors. These 500 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such conditions would be met within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

14. In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

    The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

15. Candidates will be informed of results by letter following the Board of Examiners meeting. The actual marks and more qualitative comments (see point 9 above) will be given in writing, in the form of the Confidential Report on the Assessment of Professional Practice Reports: Direct Work.

16. Work that is re-submitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

17. At the end of the Programme, candidates are required to submit one bound volume containing all Professional Practice Reports and Part 1 of the Assessment of Clinical Skills to the Programme. These should be submitted in the appropriate formal binding as soon as possible following formal notification from the Board of Examiners. The submitted copy must include any amendments required by the Board of Examiners. The title page should contain the name of the candidate.

This volume will be kept as the public record in the Library. Candidates are also advised to keep an additional bound copy for their own record of work completed.

Ref: 004/Regulations/Professional Practice Reports: Direct Work/Guidelines on Preparation/2011-2015 intakes updated October 2021

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

PROFESSIONAL PRACTICE REPORT: DIRECT WORK

MARKING CRITERIA AND GUIDANCE FOR EXAMINERS

Learning Outcomes

The learning outcomes to be assessed through this work include:

- An advanced and critical understanding of, and ability to apply, at least two theoretical models on which clinical psychology draws (a cognitive behavioural model and at least one other) and to be able to adapt the therapeutic model to work effectively in highly complex and novel contexts occurring across the lifespan.

- An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for colleagues, other professionals, service users and carers, and an awareness of the limits to competence.

- A high level of competence in assessment, formulation, intervention and evaluation across a range of theoretical models, client groups and organisational contexts and to have the transferable skills to apply these in complex and unique circumstances.

- To demonstrate competence in the use of psychometric measures. This should include consideration of the appropriateness of measures for use with particular clients, critical thinking regarding findings, and ethical practice in how measures are administered and conclusions fed back.

- 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 detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.

- A commitment to services and the development of inclusive services which seek to empower service users.

- An advanced ability to communicate with service users, carers and other professionals within services in a manner that helps to build effective partnerships and strong working relationships.

- 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 approach to learning and development which recognises the need for it to be lifelong in order to remain professionally and clinically competent, and the skills necessary to systematically acquire, synthesize and critique complex and detailed bodies of knowledge.

Marking Criteria

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

Pass
Pass with Conditions
Referral
Fail

Marking Standards for Grades

Pass. This report has reached an acceptable or above standard. It represents at least the level of attainment expected from an adequate candidate appropriate to their stage of training. It is well organised and presented. The clinical argument is easy to follow and justified, demonstrating a clear integration of theory, practice and evidence. Where applicable relevant psychometric measures are included and relevant therapeutic competences are illustrated. The report provides critical evaluation of the clinical issues and outcomes, and demonstrates specific learning from supervision and from the work conducted. Where possible it shows a capacity for the original application of clinical techniques, and their adaptation to different service users and contexts. Awareness of issues around confidentiality, consent, capacity to consent, risk, sensitive and ethical handling and interpretation of data from psychometric measures and other relevant ethical issues (e.g. diversity) are considered where relevant. The report reflects the values of the NHS constitution in relation to service users, carers, families, colleagues and others. The work described may have shortcomings or inherent limitations but these are appropriately reviewed and critiqued in the report with learning from them clearly demonstrated. The report may contain occasional minor mistakes or areas of omission but otherwise be good, with no significant errors in content or presentation. References are complete and presented in the APA style.

Pass with Conditions. This report meets nearly all the above criteria required for a pass but with errors or omissions that require rectification or clarification for it to reach a Doctoral standard and to be suitable to be viewed by others. For example, Conditions could include: significant typographical errors or in the use of language; referencing errors; omissions such as missing appendices or other errors of content, information or presentation. The Examiners must specify these Conditions. They should be readily corrected within two additional pages (500 words approximately). If more correction than this is needed, the work may be considered a Referral.

Referral. This report fails to reach an acceptable standard. A significant number of the following concerns may be present. The work is not described in a logical or systematic manner or the structure of the report lacks coherence. Clinical thinking may be limited

or unclearly articulated, and there is insufficient justification of the psychological arguments presented. There is poor integration of theory and practice, and reference to evidence (research evidence or clinical information relevant to the work) is scant. There is an unsystematic approach or no original adaptation of clinical technique to the particular work and the people involved. There is limited evaluation of the work and its outcomes, and minimal critical appraisal or evidence of learning. The depth and sophistication of argument is lower than expected for this stage of training. The report does not appear to reflect NHS values or to be actively informed by ethical thinking. The work is poorly presented, with extensive typographical or referencing errors.

Fail. This report is of an unacceptable standard. All or a substantial number of the following concerns may be present. There is a serious lack of integration of theory and practice, with no or insubstantial use of information from assessment, research or other sources. The approach appears to be unsystematic with no rationale, and uninformed by coherent clinical thinking or planning. Psychological argument is lacking or completely unsubstantiated. There is little or no critical appraisal of the work and its outcomes, and no clear evidence of the candidate's learning. There is evidence of unethical or unprofessional methods of working, including lack of respect for service users, carers or colleagues. The presentation makes it difficult to comprehend the report, through consistently poor use of language and grammar, lack of organisation of material into a structure or a very high number of typographical errors. A section may be missing or incomplete: failure to complete the set assignment will result in the mark of Fail being awarded for that piece of work.

Guidance

The following table provides guidance under specific headings of the Examiners' Assessment Form to assist the Examiners in evaluating the different dimensions of the Professional Practice Report.

	PASS	REFERRAL	FAIL
Initial assessment	The person(s) is introduced and described to the reader holistically and respectfully, and situated within their life context and strengths. A clear account of assessment procedures used in early stage of work, and rationale/context for choosing them is provided. The properties of psychological tests are described and accurately interpreted. Information is inclusive but succinct, well organised and reported descriptively. The perspectives and preferences of the service user(s)/other stakeholders are included.	The person(s) is described minimally with limited reference to their wider lives, concerns or strengths. The reporting of assessment procedures is not systematic, leaving the reader unsure what was done, why, or what information sources were used. No context for the work is given. Psychological tests are insufficiently described or interpreted. No explanation is provided for information that is missing, or it is interpreted rather than reported. Minimal consideration of service user / other stakeholder perspectives.	The service user(s) is described narrowly with a focus upon their deficits and without a life context. Little information is provided about the assessment procedure, its structure or rationale. There are Significant gaps in information provided. There are significant errors or gaps in reporting the use of psychological tests. There is no mention of service user(s') and/ or stakeholder perspective (e.g. carers).
Psychologist's Initial formulation	Provides summary of relevant theoretical propositions. Draws coherently and systematically on assessment information and relates it in appropriate way to psychological theory, thus developing a tentative explanatory narrative to account for the psychological difficulties reported to inform action planning.	Provides limited account of a theory/model and of rationale for its application to the work. Is theory-led rather than data- driven and person-led, and presented as fact instead of hypotheses. Theory-practice links are weak, confused or unjustifiable. There is inconsistent or erroneous use of assessment information and the formulation may introduce new information not reported in assessment.	Very little or no psychological theory. No rationale given for adoption of theory or model and no account of it provided. Few or no theory – practice links. Theoretical assertions not grounded in assessment data or a person-centred perspective. Assessment information is not used to drive formulation. Formulation consists of unjustifiable and overly firm claims to understanding.

	PASS	REFERRAL	FAIL
Action plan	Explicit reference to key propositions of formulation is made and then used to build a reasoned action plan for the work. Service user/stakeholder views and goals inform the plan, as do the evidence base, national guidelines and ethical considerations. The plan reflects the service user's and their network's strengths. A clear rationale for a more in-depth assessment or for the planned approach to intervention is provided. In the case of an extended assessment consideration is given to the appropriateness and aims of any further testing. Where a therapeutic intervention is being planned, examples are given of practices the candidate intends to draw upon. The action plan includes plans for evaluation of the intervention.	The rationale for the action plan is not explicit or only weakly justified with reference to evidence, guidelines, ethical issues or service user/stakeholder views. Links between the hypotheses of the formulation or assessment information and the action plan are weak. The action plan is not clear. The theoretical model or aims and methods of further assessment are not clear or only loosely inform the approach and techniques proposed. Outcome evaluation is not adequately attended to.	Little or no reason is given for the assessment or intervention approach(es) chosen. Ethical issues and service user/ carer views are not considered. Description of the proposed intervention/ further assessment is very limited, partial or conveys lack of understanding of the model's approach and techniques. No identifiable argument links the formulation with the proposed course of action. There is an absence of theory. Attention to how the work will be evaluated is lacking.

	PASS	REFERRAL	FAIL
Intervention	The reader is given a respectful sense of the people involved in the work, their relationships(s) and responses. An underlying person- centred approach is apparent from the account. The account is clear, transparent and organised coherently chronologically, by theme or other structure. Ethical matters are appropriately considered. The narrative conveys continuing psychological thinking informing decisions within the work. Whilst broadly congruent with the formulation, action plan and the values framework, necessary flexibilities and adaptations are also demonstrated. Where an extended assessment has been written up, there is an awareness of ethical practice in how measures are used, for example consideration has been given to issues of consent, how tests are administered and how results are interpreted. Assessment results are presented in a meaningful and coherent manner. In the case of a therapeutic intervention, selected examples appropriately illustrate techniques, processes or significant episodes in the development of the work (and make reference to relevant therapeutic competency frameworks where appropriate).	The description of the relationships, responses and people involved in the work is thin. The account is not systematically structured. It may be abstract or dominated by techniques employed, with little grounding in the interpersonal nature of the work. Examples of practice episodes may be limited or inappropriate, and the application of techniques shows little understanding of the theory underlying them. In the case of extended assessments, the conduct of the assessments may indicate limited understanding of measures/ tests administered and their interpretation. Ethical considerations are not actively considered. There is limited evidence of continuing psychological thinking guiding the work. The approach appears weakly informed by the initial formulation or shows lack of responsiveness to new information and circumstances	The reader has little or no sense of the service user(s) or the psychologist and how they relate together in the work or the description is not respectful. The account is disorganised and it is difficult to see any clinical logic or purpose to what is reported. The practices bear little relationship to the initial formulation or action plan (or changes are not explained). Few or no examples are given of exchanges or techniques, which may be misapplied or ill-informed. In the case of extended assessments, competence in administration and interpretation of measures/ tests is lacking. There may be unconsidered breaches of ethical practice. There is evidence of inflexibility of thinking and practice and a failure to learn from emerging or changing information and circumstances.

	PASS	REFERRAL	FAIL
Outcome evaluation	A multi-perspectived, balanced and critical approach to evaluation is taken and appropriately reported, for example drawing on evidence from some of the following: self-report/monitoring, psychological and psychometric tests, outcome measures, service user/stakeholder goal attainment, service user/stakeholder feedback forms, carer/professional/other reports, candidate's observations, behavioural evidence, assessment of impact upon family or organisational systems. In the case of extended assessments there should be evidence of the sensitive feeding back of the assessment results.	There is restricted, inadequate, unbalanced or inaccurate evaluation. There may be over-reliance on a narrow approach or limited evidence. Conclusions drawn are not well based in evidence. Psychological tests are not fully or accurately reported, or critically interpreted in the light of other information. Sharing of results to relevant parties in the case of an extended assessment is limited or shows a lack of sensitivity to the needs of the recipients. Inconsistent findings are not discussed. Limitations to the evidence and its evaluation are not considered.	Evaluation is very limited or lacking, or the approach is serendipitous. Evaluation tools are used inappropriately. No critical analysis of evidence is provided. No reference is made to the service user/stakeholder aims or goals. Discussion around feeding back results in the case of an extended assessment is absent or raises questions around whether recipients' needs were met in the reporting of findings. Potentially erroneous conclusions are drawn.
Reformulation (where relevant)	A reformulation outlining a different or more developed framework for psychological understanding is provided, taking into account new information or ideas arising from the experience of the work. Whilst this may be fairly brief, it should still demonstrate clear linking of theory, evidence/information and practice, and illustrate new ways of thinking derived from hypothesis-testing and feedback, or go some way to explaining key issues arising in the course of the work. It may appear as a separate section, as part of the intervention account or of the critical review.	The reformulation is not consistent with the information it is based upon, is not data-driven or draws upon information not previously mentioned. It contains limited or inaccurate theory-practice links, or does not address key issues in the work or add to psychological understanding of it.	A reformulation is not provided when one is clearly needed because the hypotheses of the initial formulation are unsupported or irrelevant to how the reader can understand the psychological issues and development of the work. The reformulation contains few or no coherent links between theory, evidence/information and practice.

	PASS	REFERRAL	FAIL
Critical Reflections	The review shows good understanding of the work undertaken, and a reasoned, balanced appreciation of its strengths and limitations from diverse perspectives. Key issues and themes (clinical, ethical, personal, interpersonal) have been identified and thought about, reflectively and critically. There is evidence of critical thinking in the use of measures, and possible alternatives, in the case of extended assessment. Consideration is given to what has been learnt and how (e.g. through supervision, personal reflection on experience, feedback from others). The candidate demonstrates a constructive and appropriate depth of thoughtfulness.	Key issues and problems in the work are not substantially considered. Its strengths and limitations are superficially reviewed or inappropriate conclusions are drawn. The review contains limited reflection or critical thought about clinical, personal, interpersonal or ethical issues, and critical thinking around the use of measures in the case of extended assessments is limited. There is restricted evidence of significant learning from the experience of the work or from feedback.	The review does not convey a good understanding of the work, the processes and people involved in it. Key issues and problems are not identified or considered. Little or no awareness of ethical and important personal and interpersonal issues is shown. There is little or no critical thinking or reflection in the review, and little or no evidence of significant learning from experience.
Theory/practice links	At various places in the report, there is evidence of competence in making useful sense of clinical material by drawing on relevant psychological theories that then guide practice. In addition to the formulation and action plan, the way that theory informed the work may be demonstrated in other sections e.g. in thinking about and responding to issues as they arise in the intervention/ extended assessment, showing understanding of the theoretical principles underlying specific techniques through their appropriate and creative application, and by critical reflection on use of models with different service users/stakeholders in the review section.	There is some limited evidence of theoretical knowledge and thinking informing practice. This may be inconsistent or absent from key areas of the report. Weak understanding of theory is apparent in some areas, e.g. in the application of ideas, or practice is at odds with theoretical propositions and no explanation is offered. Application of theory may be very rigid and lacking in adaptations to the service user. The action plan contains ideas and aims that do not appear to be well and consistently grounded in the assessment material. Psychological theory or empirical research drawn upon to make provisional sense of this material in the formulation is limited.	Theory is only weakly articulated throughout the report. The formulation lacks explicit description of theoretical principles informing the way that the assessment data is interpreted. Little or no theoretical rationale is provided for action planning and intervention/ extended assessment, or is used incorrectly. The intervention is not clearly guided by considerations and responses to new material or occurrences are not underpinned by theory or psychological thinking. No attempt to reflect on theory-practice links is made in the critical review.

	PASS	REFERRAL	FAIL
Structure	A coherent and systematic structure that reflects the progression of the particular psychological work undertaken is evident. The narrative leads the reader through different stages in thinking and practice. Headings are used and sections contain appropriate information, building and flowing logically from one to the other.	Although some evidence of structure, it is difficult for the reader to understand the development of the work, the rationale for it and the candidate's psychological thinking, or the structure used does not appear to reflect the actual work undertaken. Significant amounts of information may appear in the wrong place, confusing the logical flow (e.g. a lot of new information appearing for the first time in the Formulation section).	The report is largely unstructured in its argument and development, without a clear narrative to guide the reader or to communicate coherent psychological thinking and practice. Important sections are extremely short, missing, or may contain large amounts of irrelevant or misplaced information.
Presentation *a) adheres to APA guidelines* *b) Grammat-ical and typograph-ical errors* *c) References* *d) Appendice s*	a) The review adheres to the APA guidelines in terms of content and style, with only minor errors. b) Few grammatical errors. Spelling largely correct, with only minor omissions that could have been missed by using a computer spell check and by proof reading. c) References are complete and in the APA style. d) Appendices are well ordered, anonymised and include the necessary information to support the main text, including clinical correspondence written by the trainee.	a) The review deviates from the guidelines in significant ways. b) A significant number of grammatical errors. Spelling errors that should have been picked up. c) There are significant problems with the references in terms of being incomplete and/or not in the APA style. d) Appendices are numbered in the wrong order or are missing or contain breaches of confidentiality	a) The review does not adhere to the guidelines. b) A large number of grammatical and spelling errors, suggesting the review had not been checked or proof read. c) References are missing completely. d) Required Appendices are missing completely and/or contain serious breach of confidentiality.

1. Each Report will be marked independently by two Internal Examiners. Examiners will be chosen from members of the Board of Examiners. For core specialties, i.e. Child, Disabilities and Older People, at least one examiner will be a supervisor working in the specialty appropriate to the work submitted for examination. The person who supervised the candidate in the work reported will not be one of the Examiners. Specialists on the programme team can be available for consultation on any queries, particularly on PPRs from Supplementary placements.

2. Reports are required not to exceed 5,000 words (excluding references, contents pages and appendices) in length. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and**

footnotes etc. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

In marking Reports, Examiners should ensure that they are familiar with the Guidance on the Preparation of Professional Practice Reports: Direct Work.

3. Candidates are encouraged to undertake joint work, although there are constraints on the submission of some kinds of joint work for examination, because of the problem it raises in evaluating candidates' personal clinical competence. The Board accepts the following categories (a) joint work for which the candidate took the primary responsibility and (b) joint work in which the candidate shared equal responsibility with another professional. Work undertaken jointly with another trainee clinical psychologist or in which the candidate took a subsidiary role, should not be submitted. In all cases it should be made absolutely clear which procedures were carried out by the candidate and which by a collaborator, though candidates will be expected to take responsibility for the whole of what is submitted. Examiners are asked to ensure that candidates meet these requirements.

4. Each candidate is required to pass each Professional Practice Report: Direct Work. Final decisions about grades are made by the Board of Examiners.

5. Examiners should bear in mind that the Reports are a vehicle for the assessment of clinical competence in the context of the services in which placements and professional work take place. They should seek to make an assessment of the candidate's competence from the information available to them. The appropriateness of the clinical procedures used (for example the use of psychometric measures, or therapeutic techniques) and the competence with which they were executed are thus important issues, but need to be understood in context. The candidate's ability to learn from any mistakes, shortcomings or limitations of the work they carried out is also a crucial feature of competence. Examiners should bear in mind that in some cases there are legitimate differences of view between qualified psychologists about the appropriateness of alternative procedures and candidates should not be penalised for not following the assessor's own preferences or for offering legitimate criticisms of them.

   Candidates are required to include an example of their own clinical correspondence as an Appendix to the main report. This would most commonly be an assessment or discharge report or a therapeutic letter, but could reasonably take different forms depending on context. Although the content of these letters are not formally marked, examiners may wish to comment on the appropriateness or otherwise of the letter. Absence of any such letter, or an explanation for its absence, should be made a condition for pass.

   Candidates should also include service user or carer feedback where this is possible.

6. In evaluating the Reports, the examiners should consider: the adequacy of the rationale for the procedures used, the application of psychological knowledge in the formulation of the problem, the capacity to use initial hypotheses to guide a plan of action and its implementation whilst at the same time being responsive and flexible to new developments, integration of theory and practice and the assessment of outcome as well as demonstration of the skilled use of therapeutic competencies and interpretation of data from psychometric assessments. The examiners should also consider the candidate's demonstrated ability to reflect on the work they have undertaken, evaluate it critically and to learn from it and should hold in mind the ways in which the report conveys respect for service users, carers and colleagues and other NHS values.

7. It is important to use the Examiner's Assessment Form and headings in marking the Reports. Examiners should not write comments directly on the Reports.

8. Reports will be sent to and marked by two examiners independently using the Marking Criteria and Guidance for Examiners and the Examiner's Assessment Form, paying due regard to the Guidelines on the Preparation of Professional Practice Reports: Direct Work given to candidates. The two examiners will confer and agree a mark for each piece of work. The co-ordinator/lead examiner is responsible for preparing the Confidential Report which contains qualitative comments about the pieces of work.

9. The Confidential Report can reflect legitimate differences of opinion that may exist between examiners about the work. The Confidential Report should contain positive feedback as well as criticisms. It is helpful if the final sentence provides an overall general conclusion about the quality of the work. If the work is given a conditional pass the conditions should be made clear and listed after the summary sentence. Similarly if the work is awarded a referral the major issues that need to be taken into account in the resubmission should be listed at the end of the report. If a fail is given the report will end with a statement about a new piece of work being required or, in the case of all clinical experience being successfully completed, whether a new piece of work is required.

10. The co-ordinator/lead examiner will send the Confidential Report, independent and resolved marks to the Programme Director at least four weeks before the Board meeting. In the event of the two examiners failing to agree a mark the work will be passed to a third internal examiner for resolution. The third examiner will receive comments from both examiners as part of the resolution process and recommend a mark. The marks/grades are then considered and final decisions made by the Board of Examiners. Confidential Reports are used to inform discussion at the Board and are sent to candidates with a letter informing them of the results. In the event of a fail or referral grade, the Report will be sent to the External Examiner for comment about the appropriateness of the grade. The External Examiner's comment should be available for the relevant meeting of the Board of Examiners.

11. A sample of Reports will be sent to the External Examiner for comment on the examination standards and process prior to the relevant meeting of the Board of Examiners.

12. A Board of Examiners meeting will be held after the end of placement to consider and make final decisions about the results. The final decision about the Assessment of Clinical Competence will be made by the Board of Examiners.

13. In the event of extensive typographical errors, significant errors in the use of language, the need for up to two pages (approximately 500 words) for clarification, significant referencing errors, or missing appendices, examiners can agree a conditional pass which requires the candidate to correct the identified errors. These 500 words can be additional to the existing word limit. It would normally be expected that such conditions would be met within four weeks of receiving the results. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 4846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

14. In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

    The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

15. Candidates will be informed of results by letter following the Board of Examiners meeting. The actual marks and more qualitative comments (see point 9 above) will be given in writing, in the form of the Confidential Report.

16. Work that is re-submitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

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

GUIDELINES ON THE PREPARATION OF THE MAJOR RESEARCH PROJECT (MRP)

Learning Outcomes

- 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.
- An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for other colleagues and professionals, openness and an awareness of the limits to competence.
- A commitment to services and the development of inclusive services which seek to empower service users.
- An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships and strong working relationships.
- An approach to learning and development which recognises the need for it to be life long in order to remain professionally and clinically competent, and the skills necessary to systematically acquire, synthesize and critique complex and detailed bodies of knowledge.

The Major Research Project shall consist of an extensive investigation that has clinical relevance. The MRP (thesis) is to be an original contribution to knowledge or understanding in the field under investigation and should demonstrate the student's ability to test ideas, whether his/her own or those of others, and to understand the relationship of the theme of the investigation to a wider field of knowledge. It is to be of such scholarly merit as would on that ground justify its publication either as submitted or in an abridged form.

A Research Proposal must be submitted and approved by an MRP Review Panel. Once approved by the MRP Review Panel, the candidate should seek appropriate R&D and ethics approval (if relevant) before commencing the project. Candidates will be expected to provide evidence that their work has been subjected to, and approved by, the appropriate R&D department (if in the NHS) and ethics panel.

Note on clinical relevance:
The programme views the term "clinical relevance" broadly and wishes to convey that a range of topics related to human development will be considered appropriate in order to fulfil the requirement for the MRP. Research projects based on clinical and/or non-clinical populations, or using archived data, are welcome as are comprehensive meta-analytic studies involving a clinically relevant topic. Projects should demonstrate the application of psychological theory to a well defined problem or issue that concerns human health and wellbeing and is seen to potentially have an applied benefit to healthcare.

1. Candidates must give careful consideration to ethical issues raised by the research which they undertake and must adhere to the "Ethical Principles for Conducting Research with Human Participants", BPS Code of Conduct, and the University's Research Governance Framework and adhere to HCPC ethics regulations for students (see http://www.hpc-uk.org/publications/brochures/index.asp?id=219). A Major Research Project that does not meet these principles will not be approved.

2. Research design, execution, analysis and interpretation should be of a doctoral level standard and appropriate to the research aims/questions/hypotheses that have been identified. Candidates should be able to justify their work at the oral (viva voce) examination.

3. Word count for Sections A and B of the Major Research Project are required and must be a **minimum of 13,000 and a maximum of 16,000 words excluding abstracts, reference lists and appendices.** These counts should be exact and do not include figures or tables as part of the count. Candidates are required to state on the title page an exact count of the number of words in each of these two sections. The appendices will be referred to only at the discretion of the examiners. Therefore, candidates should not include in the appendices material that they wish the examiners to read and mark.

4. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

5. The Major Research Project must be presented for assessment typed with double spacing, with a minimum font size of 12, on A4 paper and comb bound. Where possible, work should be double-sided. An electronic copy must also be submitted. The Major Research Project should be fully and appropriately referenced according to the most recent APA Style Guide. Citations within the text, tables and figures should be organised following APA Style guidance.

6. The sections of the Major Research Project should be presented in the following order:

    - Title page (overall title of the MRP, titles for sections A and B, word count for each section, overall word count for the MRP)
    - Author's declaration/copyright statement
    - Acknowledgements (up to 100 words)
    - Summary of the MRP (briefly summarises content of sections A & B, up to 200 words)
    - List of Content
    - Lists of tables, illustrations, etc.
    - List of appendices

- Text, divided into three main sections including:
  a) Section A: title page, abstract, literature review paper, with references list
  b) Section B: title page, abstract, empirical paper, with references list
  c) Section C: Appendices of supporting material

It should contain the following elements:

a) Section A: Literature Review Paper (minimum 6,000-maximum 8,000 words)

Section A is meant to provide a comprehensive and structured review of the literature that (1) addresses one or more research questions *that can be answered by a literature review* and (2) provides, as a result of the review, broad-based questions for future empirical research, one of which may form the overarching question used in Section B. We recommend that you read several reviews published in different journals, including *Clinical Psychology Review*, to help in planning your review.

Section A should set out the wider context to the subject matter of Section B. It should demonstrate competencies of methodically searching the literature and being able to evaluate the merit of this literature/evidence. It should provide for the reader a synthesised description of the landscape relating to this topic. It should be structured such as to be able to describe what has contributed to the knowledge in this area, be that policy, research evidence, organisational frameworks, history and or methodological limitations. It should be clear within Section A where the edges of understanding lie, such that the next areas that require researching can be described. This edge will also be shaped by methodological issues pertaining to this topic, which may also be explored.

Structure of Section A

A Title Page for section A: to include the title of the review paper and a word count (required for all submissions).

The clinical psychology programme does not require a specific structure for Section A as this may vary somewhat depending upon the topic under investigation. The section should, however, provide a clear and concise discussion of the topic. What follows is a suggested structure:

Section titles should be centred, as below, with subsections, Tables and Figures adhering to APA style.

Abstract and keywords

An Abstract on a separate page: this should provide a succinct and clear summary of the literature review paper, adequate for someone not reading the full paper. It should be no longer than 200 words. Up to five keywords should be added immediately below the abstract on the same page.

Introduction

An introduction to the topic, its importance and the research question(s) that the trainee seeks to address within the review. Relevant psychological theory should be discussed in order to help develop the background and rationale for the review. As needed, please provide definitions to key terms.

Methodology

The following should be included within the body of the text: A concise description of the methodology used in the literature review should be provided. This should be limited to one to two paragraphs where the methodology is clearly described. Often within a literature review you may need to conduct different searches (e.g. anxiety and cardiovascular disease; personality factors and cardiovascular disease). If this is the case please include them in this section.

A rationale describing the inclusion/exclusion criteria (e.g. how was quality assessed for qualitative research articles? (see e.g. Mays & Pope, 2000 and Yardley, 2000) and for quantitative research, what inclusion/exclusion criteria have been chosen (e.g. only studies with control groups? Those with a particular level of power? Etc.).

The decision-making process to seek additional references and/or reduce the number of references from the initial search should be clear to the reader. Search resources (e.g. ASSIA, Cochrane Library, ERIC, MedLine, JSTOR, PsycInfo, Google Scholar, etc.) should be listed along with search terms and how they were combined.

Also provided within the main text should be (1) a flow chart with specific details as to number of references encountered at each point within the literature search and the decisions made to exclude references and (2) a table that lists all papers reviewed and provides relevant information about what data was extracted from each paper.

Main body of the review

This will be organised differently depending upon your topic area and type of literature review undertaken. *Clinical Psychology Review*, for example, offers different ways to consider how this section might be structured, as do many other journals. Consideration should be given to how subsections within the main body of the review might help to focus your writing and form your arguments. Generally speaking, it is not advised to present a list of individual studies followed by a critique of that study but, rather, to organise the review by thematic content, methodology, theoretical contributions or historical narrative in a way that seeks to critically appraise, integrate and summarise.

Discussion

The discussion should bring together the main findings from the review and provide an overarching critical appraisal of the research in this area, which in turn leads to recommendations for future research and implications for clinical practice. One of the recommendations for future research must be the study undertaken in Section B.

References

b) Section B: Empirical Paper based on the findings of the study (minimum 7,000-maximum 8,000 words).

Section B should be prepared as a publication-ready manuscript and integrate, where possible, APA Style guidance for manuscript and reference preparation except with respect to placement of tables/figures and word length where the Assessment Handbook guidance should prevail. Please note: If the journal's reference and preparation guidance is NOT in APA style we nonetheless require you to follow APA style guidance for the MRP submission. **A copy of the journal's notes for contributors should be included in Section C: Appendices of Supporting Material (see below).** For qualitative studies, there should be "evidence of reflexivity concerning the ways the researcher and the research process have shaped the collected data" (Pope & Mays, 2000, p. 51). Section B should demonstrate adherence to one or more NHS values regardless of whether the study was completed within the NHS.

The main sections should be as follows:

Title Page

A succinct and appropriate title for the empirical paper should be given, along with a word count. The name of the chosen journal should also be specified (e.g. for submission to British Journal of Clinical Psychology).

Abstract

This should follow the guidelines provided by the journal chosen and be on a separate page. It should provide a succinct and clear account of the context for the research carried out, information about participant numbers and characteristics, the methodology, an adequate summary of the key findings, and implications of the study for someone not reading the full report.

Key words: Immediately below the abstract on the same page 5 key words that describe important aspects of your study.

Introduction

(about 1,000 to 1,500 words)

- The introduction should be succinct and to the point. It should address the salient issues arising out of the extant literature, and provide the context and rationale for the study. Whilst there may inevitably be some overlap with the literature review, it is not expected that there should be significant duplication from Section A. The introduction should conclude with an exposition of the research aims and questions/hypotheses.

Methods
(about 1,000 words)

- This should include the following subsections: Design, Participants, Data Analysis and Procedures. For example, details of participant numbers and characteristics, drop out rates, study procedures, selection, methodology, quality assurance checks undertaken (e.g. reliability, validity), ethical considerations, a description of the type of data analysis carried out, measures (names of psychometric tests and validity/reliability data) details about the interview schedule, statistical power (if it was a quantitative study).

Results
(about 3,500 to 4,500 words; quantitative results sections are likely to be shorter than qualitative ones)

The results should be clearly presented. The chosen analyses should be appropriately carried out to a high level of quality. They should be presented in a readily understandable way. The presentation of the results should adhere to style conventions (e.g., in the presentation of statistics), and should clearly relate to the research questions or hypotheses. Descriptive statistics should be described and results noted prior to describing the main statistical analyses. **Note that although most journals require tables and figures to be at the end of the submission, these should be presented in the body of the report for examination purposes. Please also note that some journals will prefer a shorter results section and a longer discussion section, hence requiring you to make some changes prior to submitting to the selected journal.**

Discussion
(usually between 1,000 and 1500 words)

The findings should be systematically discussed in terms of their strengths, potential meanings, their theoretical and clinical implications, and their limitations including a brief methodological critique. The discussion should convincingly relate the results to the issues set out in the introduction. There is a need to consider how the findings relate to previous clinical or research literature. Implications arising out of the study in relation to future research and clinical practice should be identified.

Conclusion
(usually no more than 250-500 words):

A succinct summary of conclusions resulting from the study should be provided.

c) Section C: Appendix of Supporting Material

- This section is different to a standard appendix in that some of the material contained **in it may not be referred to in the text of any of the preceding sections (e.g. REC approval letter) whereas other material might** (e.g. research diary referred to in Section B). In some cases, material contained in this appendix might need to be included in one of the other sections at the stage of

publication (e.g. appending a new measure to an empirical paper reporting the development of said new measure).

- In Section C, the candidate should include appendices of materials pertaining to the research (e.g. one completely coded transcript or parts of multiple coded transcripts, abridged research diary, distribution graphs and tests, ethics materials (consent form, information sheet, ethics approval letter, R&D approval letter (if applicable), copies of measures (questionnaires, surveys, interview schedule and/or experimental stimuli, etc.), feedback to ethics/R&D). In general, it is not appropriate to include raw data in the appendix. For a qualitative project, there should be appendices that allow the examiner to carry out a quality check and audit of how the final themes were arrived at (e.g. tables showing a progression of theme development, sections of coded transcripts with identified theme heading or codes). **However, due to ethical considerations, any appendix containing transcripts or measures which have copyright should be removed from the Major Research Project after the has been passed by the Board of Examiners and before the work is presented for final submission to the Canterbury Research and Theses Environment (CReaTE).**

- Author guideline notes for contributors of the journal chosen for the empirical paper submission must be included in the appendix.

Major Research Projects that are not submitted in the required format or those that exceed the specified word limit will not be examined.

7. The Major Research Project must not have been submitted in fulfilment of the requirements of any other examination.

8. Two comb bound copies, using double-sided copying where possible, and an electronic copy of the Major Research Project should be submitted to the Department by the agreed date in April in the third year of training. The Major Research Project will be examined independently by an internal examiner and an external examiner. Candidates should keep a third copy, which will be required in order both to prepare for the viva voce (oral examination) and to refer to during the examination. Participant consent forms should also be submitted in a sealed envelope for storage by the university (your work will NOT be marked if these are not received). If, however, consent was via an online questionnaire, you should email the Research Director confirming that this is why no consent forms are being submitted.

9. The internal examiner shall not be the candidate's research supervisor.

10. The candidate will also be examined in a viva voce by both examiners in May/June of the final year of training. Prior to the viva voce, the examiners will meet to discuss their provisional marks and comments and to agree the issues to be discussed with the candidate at the viva voce. After examining the thesis the Examiners will inform the Board of Examiners of their final mark and, at their discretion, may recommend

to the Research Subcommittee of the Academic Board of the University, via the Chair of the Quality and Standards Committee:

(a) that the degree of Doctorate be awarded (Pass) subsequent to all other marked submissions being passed;

(b) that the degree of Doctorate be awarded subject to certain **minor corrections** being carried out to the satisfaction of the Internal Examiner within three months of the official notification to the student of the recommendation of the Examiners and subsequent to all other marked submissions being passed;

(c) that the degree of Doctorate be awarded subject to certain **major corrections** being carried out to the satisfaction of the Internal Examiner, and the External Examiner in cases where both examiners feel this necessary, within six months of the official notification to the student of the recommendation of the Examiners and subsequent to all other marked submissions being passed;

(d) that the degree of Doctorate be not awarded at present but that the student be permitted to **resubmit the thesis in a revised form** not later (except in cases of illness or other good cause) than twelve months after the decision to allow resubmission has been made by the Research Degrees Sub-committee. A new viva voce examination will be required;

(e) in cases where the student submits a thesis judged satisfactory by the Examiners for the award of the degree of Doctorate but fails to satisfy the Examiners in the oral examination, that the degree be not awarded at present but that the student be permitted to take a further oral examination, normally not later than six months after the decision to allow this has been made by the Research Degrees Sub-committee;

(f) that the degree of Doctorate be not awarded but that the degree of PGDip. in Applied Psychology-Mental Health be awarded if the Board of Examiners considers that the candidate has met the criteria for this award;

(g) that no degree be awarded.

11. A report of this viva voce and Major Research Project will normally be considered and final decisions made at the May/June meeting of the Board of Examiners.

12. Candidates will be informed of the results of their Major Research Projects following the May/June meeting of the Board of Examiners.

13. Additional Guidance:
Pass with Minor Corrections: Confidentiality gaps in written work, extensive typographical errors, significant errors in the use of language, significant referencing errors, missing data, amendments to analyses, limited re-writing of one or more parts of the MRP, missing feedback to ethics/R&D panels or missing appendices. Up to an additional 600 words of text is permitted. These 600 words can be additional to the existing word limit (16,600 maximum word count).

Pass with Major Corrections: Confidentiality gaps in data collection procedures, significant re-writing of several parts of the MRP; substantial data re-analyses; additional data collection and subsequent analysis. Up to an additional 1200 words of text is permitted. These 1200 words can be additional to the existing word limit (17,200 maximum word count).

In the event of either Minor or Major Corrections not being submitted on time and/or to the satisfaction of the examiners, the examiners should in the first instance request the approved work from the candidate. The examiners will agree on a date for the work to be submitted in consultation with the deputy chair of the board of examiners. If the candidate is not able to produce the required work, the case should be referred to the Research Degrees Sub-committee, which has the power to withhold the degree.

For Passes with Minor and Major corrections: A letter to the examiners should be included indicating where the changes have been made, including page numbers.

14. The final copy of the MRP, after all corrections are made and the supervisor has signed it, should be submitted electronically as a Word or PDF document (guidance on this will be provided after passing). Some appendices and the declaration will, however, need to be scanned and submitted as a PDF document. This should be submitted as soon as possible following formal notification from the Board of Examiners. The copy will be kept as the public record by the Library and available on the Internet. Due to the Research Governance Framework and data retention requirements, you must submit an electronic copy of your data (e.g. SPSS data file or anonymised interview transcripts), where possible, with your electronic copy of the MRP. You will continue to hold the primary responsibility of retaining your data, but we will archive the copy you give us.

15. Wherever possible, candidates are required to present the findings of the Major Research Project to professional and non-specialist (including service users) colleagues. Candidates should consider how they would disseminate their work in order to inform good practice in psychological health care or contribute to the knowledge base of the psychological community.

16. Trainees **must show evidence** that they have provided appropriate feedback (300-500 word summary) of their research to the ethics panel that approved their research project, and if the study took place in the NHS, to all R&D committees that approved the study. Copies of letters, along with one copy of the summary, should appear in the appendices.

17. Upon resubmission of a revised and resubmitted MRP, in order to pass the course (subject to all other requirements also being met) and receive the Doctorate, the candidate must receive a mark of Pass, Pass with Minor Corrections or Pass with

Major Corrections. Failure to obtain one of these three marks will result in programme failure.

Ref: 004/Regulations/Major Research Project/Guidelines for Preparation/ 2011 revised September 2015

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

MAJOR RESEARCH PROJECT (MRP)

MARKING CRITERIA AND GUIDANCE FOR EXAMINERS

Learning Outcomes

- 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.
- An ethical approach to the work which demonstrates a high level of professional behaviour, including reliability, responsibility for actions, respect for other colleagues and professionals, openness and an awareness of the limits to competence.
- A commitment to services and the development of inclusive services which seek to empower service users.
- An advanced ability to communicate with service users and other professionals within services in a manner that helps to build effective partnerships and strong working relationships.
- An approach to learning and development which recognises the need for it to be life long in order to remain professionally and clinically competent, and the skills necessary to systematically acquire, synthesize and critique complex and detailed bodies of knowledge.

Note on clinical relevance:

- The programme views the term "clinical relevance" broadly and wishes to convey that a range of topics related to human development will be considered appropriate in order to fulfil the requirement for the MRP. Research projects based on clinical and/or non-clinical populations, or using archived data, are welcome as are comprehensive meta-analytic studies involving a clinically relevant topic. Projects should demonstrate the application of psychological theory to a well-defined problem or issue that concerns human health and wellbeing and is seen to potentially have an applied benefit to healthcare.

Marking Criteria

1. After examining the thesis the Examiners will inform the Board of Examiners of their final mark and, at their discretion, may recommend to the Research Subcommittee of the Academic Board of the University, via the Chair of the Quality and Standards Committee:

(a) that the degree of Doctorate be awarded (Pass) subsequent to all other marked submissions being passed;

(b) that the degree of Doctorate be awarded subject to certain **minor corrections** being carried out to the satisfaction of the Internal Examiner within three months of the official notification to the student of the recommendation of the Examiners and subsequent to all other marked submissions being passed;

(c) that the degree of Doctorate be awarded subject to certain **major corrections** being carried out to the satisfaction of the Internal Examiner, and the External Examiner in cases where both examiners feel this necessary, within six months of the official notification to the student of the recommendation of the Examiners and subsequent to all other marked submissions being passed;

(d) that the degree of Doctorate be not awarded at present but that the student be permitted to **resubmit the thesis in a revised form** not later (except in cases of illness or other good cause) than twelve months after the decision to allow resubmission has been made by the Research Degrees Sub-committee. If at least one of the Examiners so wishes, he/she may require the student to undergo an oral examination;

(e) in cases where the student submits a thesis judged satisfactory by the Examiners for the award of the degree of Doctorate but fails to satisfy the Examiners in the oral examination, that the degree be not awarded at present but that the student be permitted to take a further oral examination, normally not later than six months after the decision to allow this has been made by the Research Degrees Sub-committee;

(f) that the degree of Doctorate be not awarded but that the degree of PGDip. in Applied Psychology-Mental Health be awarded if the Board of Examiners considers that the candidate has met the criteria for this award;

(g) that no degree be awarded.

2. Please provide an overall qualitative assessment of the Major Research Project (MRP) on the Confidential Report in addition to above marked recommendation. These comments may help you compare your assessment with your co-examiner and will provide the basis for feedback to be given to the candidate and the Board of Examiners.

Marking Standards for the Grade

Pass. This work has reached an acceptable or above acceptable standard. The research represents an original contribution to the theory and clinical or consultation practice of clinical psychology. The sophistication of conceptual material and argument is of a standard appropriate to a Doctorate level award. Presentation of the report is good throughout with

minimal typographical errors. The Major Research Project should be fully and appropriately referenced according to the most recent APA Style Guide. Citations within the text, tables and figures should also be organised following APA Style guidance unless stated otherwise (e.g. due to modified Programme specifications). Both sections should adhere to APA style guidelines for preparation of manuscripts.

In Section A the literature review is sufficiently critical and demonstrates confidence that relevant literature has been sufficiently addressed. The search methodology is well articulated and inclusion/exclusion criteria are made evident. The section has been used to identify pertinent issues or gaps in relation to a defined area of enquiry. Relevant broad research questions in the defined area of enquiry are clearly articulated and grounded in the extant literature. The paper should be able to stand alone as a review of a topical area. The word limit for Section A should be 6000-8000 words.

In Section B the introduction of the empirical paper sets the context for the study. The method chosen is appropriate to the research aims, questions or hypotheses, and clearly described. The study is well executed. Consultation with service users and carers, and their influence on the research, is discussed, if relevant to a specific project. Pertinent ethical considerations and how these have been managed is succinctly described. Analyses are carried out appropriately to investigate the research aims, questions or hypotheses, and appropriate inferences are drawn from the findings. The discussion relates the findings to the issues set out in the introduction and outlines the limitations of the study, and the clinical and theoretical implications of the work. Section B should be prepared as a publication-ready manuscript and adhere to APA Style guidance as stated above with the exception of placing figures and tables, which should be in the body of the text rather than at the end of the report. The word range for the paper should be 7000-8000 words. The quality of the paper would merit submission to a journal for peer review.

Pass with Minor Corrections. Nearly all of the above criteria have been met. However, there are errors or omissions that need to be corrected before the examiner is satisfied that the report has reached a doctorate level standard and is suitable to be viewed by others as such. As a guide, these errors or omissions should reasonably be able to be corrected within a three month time period and may include: Confidentiality gaps in written work, extensive typographical errors, significant errors in the use of language, significant referencing errors, missing data, reanalysis of a portion of the data, amendments to analyses, limited re-writing of one or more parts of the MRP, missing feedback to ethics/R&D panels or missing appendices. The Examiners must specify exactly what these conditions are. Up to an additional 600 words of text is permitted. These 600 words can be additional to the existing word limit (16,600 maximum word count). Failure to complete the set task within 3 months will result in the MRP not being passed and the doctoral degree not awarded (except in cases where a concession is granted on the basis of illness or other good cause).

Pass with Major Corrections. This work has required additional improvements that go beyond Pass with Minor Corrections. The area of inquiry may not be clearly articulated and the level of argument and critical appraisal of previous research may be poor. The structure across the whole report may not be sufficiently coherent. The methods used may not be

adequately explained or the results not presented to an acceptable standard, possibly giving rise to questions about the candidate's own understanding of the area or aspects of the research process, adherence to ethical principles or NHS values; confidentiality gaps in data collection procedures are noted; significant re-writing of several parts of the MRP are required; substantial data re-analyses is required; additional data collection is needed to meet acceptable methodological standards. There may not be an appropriate context provided for interpreting the findings and for understanding any limitations of the study. The depth and sophistication of argument is lower than expected for doctoral work. The clinical and theoretical implications of the work are not sufficiently articulated. As a guide, these errors or omissions may require up to six months to be corrected. Examiners should provide detailed information as to the areas requiring additional work. Up to an additional 1200 words of text is permitted. These 1200 words can be additional to the existing word limit (17,200 maximum word count). Failure to complete the set task within 6 months will result in the MRP not being passed and the doctoral degree not awarded (except in cases where a concession is granted on the basis of illness or other good cause).

Resubmit. This work is below an acceptable standard and requires more revision than is possible within a six month timeframe. This may include several of the following issues: The aims and objectives of the project are unclear or unfocussed or the theoretical or empirical grounding is weak. The structure of the write-up is confusing in a number of places. The description of the methodology is very difficult to understand or the methodology itself does not appear to follow from the research questions or hypotheses being posed or the aims that have been set. A different methodology is required with a subsequent re-analysis of data and reinterpretation The presentation of the method or findings contains significant mistakes and does not demonstrate a firm grasp of the relevant material or makes it very difficult to be confident of what was done and why. There are significant questions about the candidate's adherence to ethical principles or NHS values in conducting the research. Significant errors are made in the interpretation of the findings, which are based on a faulty analysis of data. The work is not sufficiently self-critical or insightful so as to ameliorate any of the other difficulties that are present. Failure to complete the set task within 12 months will result in the MRP not being passed and the doctoral degree not awarded (except in cases where a concession is granted on the basis of illness or other good cause). If it is not possible to revise the project to a sufficient standard, a new project may be undertaken.

Guidance

1. In marking Major Research Projects, Examiners should ensure that they are familiar with the Guidelines on the Preparation of Major Research Projects (MRP). The MRP should be a minimum of 13,000 and a maximum of 16,000 words excluding abstracts, tables, figures, reference lists and appendices. The MRP should include a title page that gives the candidate's name, date of submission, overall title for the Report plus separate titles for the 2 sections. A word count of the number of words, excluding abstract, tables, figures, reference lists and appendices for each section should be given, along with a total word count for the overall MRP.

The following should be considered in awarding a Pass:

Section A Literature Review Paper *6000-8000 words*	**Pass**[1]
Abstract *a) Enables the reader to grasp the key facets arising out of the literature review.*	Clearly written, provides an adequate summary for someone not reading the full paper.
Review Of The Extant Literature demonstrating: *a) Coverage of relevant literature* *b) Critique of literature* *c) Synthesis of key issues and organisation of material* *d) Ability to identify research gaps*	The extant literature is reviewed critically in order to identify key issues or gaps in relation to a defined area of enquiry. The review is sufficiently broad and the material well synthesised.
Question(s) for Future Research: *a) Are Clear* *b) Set within the literature reviewed* *c) Have clinical and theoretical importance*	The research question(s) is/are clear and flow from the review of the literature. A good case is made for why research on these questions is timely and important clinically and theoretically.
References	References are mostly complete and presented in the latest APA style.

Section B ***Empirical Paper*** ***7000-8000 words***	**Pass**
Abstract *a) Enables the reader to grasp the key facets of the study.*	Clearly written, provides an adequate summary for someone not reading the full paper. Gives key information about the context of study, methods, participant details, key findings, and main conclusions.
Introduction *a) Highlights key literature to set the empirical and theoretical context for the study* *b) Attends to key issues and critique arising out of the literature*	A focused and tightly argued background is provided of the theoretical and/or empirical literature, the relevance of which is made apparent. The context for the study is described. The clinical and theoretical relevance of the study is made clear.
Methodology *a) Participants* *b) Design* *c) Measures* *d) Procedure* *e) Quality assurance checks* f) *Ethical considerations*	Choice of methodology is well explained and follows from the nature of the research aims, questions or hypotheses. It represents a sensible approach that should provide valid findings, as far as is reasonably possible. a) Participant numbers, characteristics, and the basis for inclusion or exclusion of participants are adequately specified and justified. b) A concise and informative overview is provided of the basic scheme of the study. c) Choice of data collection tools are explained and justified. Basic properties are described so as to enable the reader to understand the findings of the study. d) Description gives clear picture of what took place for each participant and across the sample. The research plan is competently executed. e) Steps taken to ensure validity, reliability or other quality checks have been stated. f) Ethical considerations are addressed and the overall project design adheres to NHS values.

[1] In cases where the student submits a thesis judged satisfactory by the Examiners for the award of the degree of Doctorate but fails to satisfy the Examiners in the oral examination, that the degree be not awarded at present but that the student be permitted to take a further oral examination, normally not later than six months, which they must pass successfully.

Section B ***Empirical Paper*** ***7000-8000 words***	**Pass**
Data Analysis and findings/results *a) Are appropriately analysed* *b) Are presented clearly*	The chosen analyses are appropriately carried out. The presentation of the findings is readily understandable, adheres to style conventions (e.g. in the presentation of statistics or presentation of qualitative analysis), and relates to the research aim, question, or hypothesis. Trainees must show evidence that they have provided appropriate feedback (300-500 word summary) of their research to the ethics panel that approved their research project, and if the study took place in the NHS, to all R&D committees that approved the study. Copies of letters, along with one copy of the summary, should appear in the appendices.
Discussion *a) States how findings relate to the literature* *b) States limitations of study* *c) Clinical and theoretical implications of study are highlighted*	The discussion convincingly relates the findings to the issues set out in the introduction. Limitations to the procedures used and the conclusions that can be reached are included. Reference is made to further research questions arising out of the work, and the theoretical and clinical importance of the work discussed.
References	Paper follows APA style. References are complete.

2. Candidates are required to submit two comb bound copies of the MRP and an electronic copy. The MRP should be typed with double line spacing and the font size should be a minimum of 12. Where possible, work should be double-sided. The declaration should be submitted with the comb bound copies. Each separate section of the MRP should have its own pagination and follow the relevant APA Style Guide. Candidates should keep a third bound copy which will be required in order both to prepare for and refer to during the viva voce. Participant consent forms should also be submitted in a sealed envelope for storage by the university (your work will NOT be marked if these are not received). If, however, consent was via an online questionnaire, you should email the Research Director confirming that this is why no consent forms are being submitted.

3. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

4. MRPs will be marked independently by an Internal Research Examiner and an External Examiner using the Guidance and Marking Criteria for Examiners and the Examiner's Assessment Form provided, paying due regard to the Guidelines on the Preparation of MRP given to candidates. Examiners should not write comments directly on the submitted MRP but can circle grammatical and spelling errors. The two examiners will produce independent reports, which will be incorporated into the Confidential Report following the viva voce.

5. The candidate will also be examined in a viva voce by both examiners in **May/June** of the final year of training. Prior to the viva voce, the examiners will meet to discuss

their provisional marks and comments and to agree the issues to be discussed with the candidate at the viva voce. Following the viva voce, the examiners will agree a mark that takes into consideration the written and oral components of the MRP examination and provide a report of the strengths and weaknesses on the Confidential Report, to the Programme. The marks/grades are then considered and final decisions made by the Board of Examiners. Confidential reports are used to inform discussion at the Board and are sent to candidates with a letter informing them of the results.

6. A report of this viva voce and MRP will normally be considered and final decisions made at the May/June meeting of the Board of Examiners.

7. Candidates will be informed of the results of their MRP following the May/June meeting of the Board of Examiners. Candidates will also receive written feedback in the form of a brief summary (described in (5) above).

8. If the degree of Doctorate be not awarded at present and additional revision requires longer than 6 months to be completed, the student will be permitted to **resubmit the thesis in a revised form** not later (except in cases where a concession is granted on the basis of illness or other good cause) than twelve months after the decision to allow resubmission has been made by the Research Degrees Sub-committee. A new viva voce examination will be required;

9. When the candidate is submitting revised work, a letter to the internal examiner should be included with work that required minor or major corrections indicating where the changes have been made, including page numbers. It would normally be expected that minor corrections be made within 3 months and major corrections within 6 months of receiving the results (except in cases where a concession is granted on the basis of illness or other good cause). Viva voce exams are normally not required for minor or major corrections. In the event of Major Corrections being resubmitted and not obtaining a Pass with Minor Corrections or a straight Pass, the case should be referred to the Research Degrees Sub-committee.

10. When the candidate is submitting revisions requiring more than major corrections (between a 6 and 12 month time period) a letter to both internal and external examiners should be included indicating where the changes have been made, including page numbers. A new viva voce examination will be required.

11. In the event of either Minor or Major Corrections not being submitted on time and/or to the satisfaction of the examiners, the examiners should in the first instance request the approved work from the candidate. The examiners will agree on a date for the work to be submitted in consultation with the deputy chair of the board of examiners. If the candidate is not able to produce the required work, the case should be referred to the Research Degrees Sub-committee, which has the power to withhold the degree.

12. Upon resubmission of a revised and resubmitted MRP, in order to pass the course (subject to all other requirements also being met) and receive the Doctorate, the candidate must receive a mark of Pass, Pass with Minor Corrections or Pass with Major Corrections. Failure to obtain one of these three marks will result in programme failure.

Ref: 004/Regulations/Major Research Project/Guidance and Marking Criteria/2011 revised 01.10.14

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

GUIDELINES ON THE PREPARATION OF THE SUPPLEMENTARY REPORT

Introduction

The purpose of this assessment is to give an account of the developing role of the clinical psychologist in the organisational context of the supplementary or Older People placement. The assessment contributes to the following educational outcomes of the programme:

- A detailed, reflective and critical understanding of *developmental, social, cultural, political, legal and organisational contexts* and their impact on individuals and the delivery of psychological services.

- 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.

More specifically, the assessment will require the candidate to:

1. Describe the role of the clinical psychologist in the system, attending to seniority and job expectations, in the service context (team, organisation or other working system); this will include a succinct description of the work setting (appropriately anonymised);
2. Contextualise this work within current policy and guidance; briefly describe the policies (might be local or national) and guidance that are relevant; this will include a consideration of the influence of these on the setting and the CP's role;
3. Describe the challenges and tensions, opportunities and enablers which affect the Clinical Psychologist in carrying out these duties; is the work facilitated and supported by Management and Leadership? Is there a good apparent match between service demands and service resources? Is the CP's role providing leadership in the work? Effectiveness of the CP's role is to be considered and presented in a constructive, non-judgemental account.
4. Reflect upon how this role might develop in the future within the organisational context and what pro-active steps might be needed on the part of the Clinical Psychologist. Think creatively and psychologically about the potential that exists within the policy culture to influence policy, or the possibility of providing further or enhanced leadership to implement better services.

Guidelines

1. The Supplementary Report will be submitted during the third year in July.

2. If a PPR has been submitted from the Older People placement, then the Supplementary Report should be completed on the supplementary placement. If a PPR has been completed on the supplementary placement then the Supplementary Report should be completed on the Older People placement.

3. Candidates are required to submit three stapled copies and an electronic copy of the Report. The Report should be typed with double line spacing and the font size should be a minimum of 12. The Report should be a maximum of 2,000 words, paginated and follow the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document (appendix 26). Exact word counts are required. The Report will be marked anonymously, so the title page should include a title and the candidate's examination identity number. The candidate's name should not appear anywhere in the Report. Candidates are encouraged to use double-sided printing where possible.

4. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices. If an examiner feels a piece of work may be over the word limit, they should inform the Assessments Administrator who will check the word count of the electronic copy. If the work is found to be over the word limit it will be automatically referred.

5. Care should be taken that references are complete, in the APA style and should include full details of cited secondary references.

6. The Report should have a title that clearly positions the work (not more than 15 words): e.g. 'A Band 8 role in a Forensic setting: future potential'. The account should include the aims 1-4 as outlined above, with headings appropriate to the topic and material. If the candidate chooses to focus specifically on the role of a Clinical Psychologist at a certain level (e.g. NHS band 8) they must make this clear. If the role of clinical psychology, in general, is being considered, with reference to more than one level of seniority in the organisation, then this must be made clear.

7. Candidates are strongly advised to have discussions with their clinical supervisor, and other colleagues in the organisation, in the thinking and planning stages of the report. This can inform not only the descriptors for the role and the service but also the visionary potential for the future of clinical psychology in such a context.

8. It is expected that the Report is informed by the literature, both in terms of the policy context and by a psychological understanding of organisations and/or groups/professions.

9. Candidates should read the Marking Criteria for Examiners for further guidance.

10. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

11. Reports must be the candidate's own work. Copying and plagiarism is unacceptable and the procedure described in Section 3 of the Assessment Regulations Handbook will be used in such cases.

12. Candidates will be informed of the results by letter following the Board of Examiners' meeting. The actual grade and more qualitative comments will be given in the form of a brief summary on the Confidential Report.

13. In the event of extensive typographical errors, significant errors in the use of language, the need for up to 150 words for clarification, correction or significant referencing errors examiners can agree a conditional pass which requires the candidate to correct the identified errors. These 150 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 1846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such conditions would be met within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

14. In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

    The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

15. At the end of the Programme, candidates are required to submit one bound volume containing the Team Policy Report (excluding the Reflective Account), Quality Improvement Project, Critical Review and Supplementary Report. This should be submitted in the appropriate formal binding as soon as possible following formal notification from the Board of Examiners. The submitted copy must include any amendments required by the Board of Examiners. The title page should contain the name of the candidate. This volume will be kept as the public record in the Library. Candidates are advised to keep an additional bound copy for their own record of work completed.

Ref: 004/Regulations/Supplementary Report/Guidelines on Preparation/2011 revised 10.21

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

SUPPLEMENTARY REPORT

MARKING CRITERIA AND GUIDANCE FOR EXAMINERS

Learning Outcomes

The following are taken from the 12 learning outcomes of the programme and specifically relate to this assessment.

- A detailed, reflective and critical understanding of developmental, social, cultural, political, legal and organisational contexts and their impact on individuals and the delivery of psychological services.

- 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.

Specifically, the Report in 2,000 words should:

1. Describe the role of the clinical psychologist in this context, with reference to level of seniority;
2. Contextualise this work within current policy and guidance;
3. Describe the challenges, tensions and opportunities which face the Clinical Psychologist in carrying out these duties;
4. Reflect upon how this role might develop in the future within the organisational context and what pro-active steps might be needed on the part of the Clinical Psychologist.

Marking Criteria

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

Pass
Pass with Conditions
Referral
Fail

Please provide an overall qualitative assessment of the Supplementary Report. These comments may help you compare your assessment with your co-examiner and will provide the basis for feedback to be given to the candidate and the Board of Examiners.

Marking Standards for the Grades

Pass. This work has reached an acceptable or above standard. All four areas of the assessment have been covered and at an appropriate standard. The presentation of the review should be good with few, if any, typographical errors. References are complete and presented in the APA style.

Pass with Conditions. Nearly all of the above criteria have been met. However, there are errors or omissions that need to be corrected before the examiner is satisfied that this Report has reached a Doctorate standard and is suitable to be viewed by others as such. The Examiners must specify these Conditions. These may include extensive typographical errors, significant errors in the use of language, clarification, the inclusion of missing information and correction. Up to 150 words may be included under Conditions. If more correction than this is needed the work may be considered a referral.

Referral. This work has failed to reach an acceptable standard. Not all the areas have been covered at an adequate standard and/or the work is not well presented and references incomplete. The Examiners do not feel it is acceptable that this work stands on the library shelf without alteration.

Fail. This work is clearly at an unacceptable standard. This may be because, the aim of the assessment has not been grasped, and/or has been treated superficially, contains too much rhetoric, unsubstantiated by critical reference and understanding of the literature, and/or is very poorly presented. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

Guidance

	Pass	Pass with Conditions	Referral	Fail
Describes the role of the clinical psychologist in this context, with reference to level of seniority.	The role and structure are clearly described. This will usually require the nature of the service context the CP works within.	Some small additions or corrections would help clarify this.	The role and structure is not very clear.	This is confused and suggests the candidate has not got a grasp of the role and/or structure.

	Pass	Pass with Conditions	Referral	Fail
The role is contextualised within current policy and guidance.	Up to date relevant policy and/or guidance is referred to and the role of the clinical psychologist is well understood and portrayed in this context.	Some small additions or corrections would help clarify this.	The policy/guidance may not be so relevant or not up to date, and/or the role of the CP is poorly related to this context.	There is a lack of policy/guidance referred to, and/or that used is inappropriate, and/or the role of CP is not clearly linked to or understood within the relevant context.
The challenges, tensions and opportunities which face the Clinical Psychologist in carrying out these duties are described.	This has been accomplished clearly, in a sensible and considered way and flows well from the previous sections. Ideally reference to the literature should help to inform this understanding. There is evidence of a critical understanding of roles and processes influencing them and a constructive account of the effectiveness of the role.	Some small additions or corrections would help clarify this.	These are vague and not clearly related to the CP role described or general CP role addressed, and/or are rhetoric without reference to the literature or are poorly linked to the literature. It may not flow clearly from the previous sections. There is little evidence of a critical understanding of the range of influences on CP role/s and their operational functioning.	These are not well described and are not clearly linked to the specific context. There is an absence of psychological thinking and linkage with the extant literature.

	Pass	Pass with Conditions	Referral	Fail
How this role might develop in the future within the organisational context and what pro-active steps might be needed on the part of the Clinical Psychologist are described. Ideally reference to literature could inform this vision.	This clearly flows from the previous sections, uses the policy context to anticipate the future and has realistic and practical ideas about how the profession needs to develop in this context. The better reports will be creative and psychological in their vision and rooted in ideas from literature.	Some small additions or corrections would help clarify this.	This is not clearly linked or flows smoothly from the previous sections, and/or only some of these issues are adequately addressed. The ideas for the future may not link clearly to current policy directions and/or the proactive steps are naive.	There is no fluidity of argument between the sections and/or all the areas are not adequately addressed or not addressed at all. It is not linked with current policy.
Presentation and Referencing	This is of a high standard and references are in APA style and complete.	Some small additions or corrections would reach a high standard of presentation.	There are numerous typographical errors and/or the references are not in APA style or incomplete.	There are numerous typographical errors and the references are not in APA style or incomplete.

Procedures

a) Reports will be sent to and marked by the two examiners independently using the Marking Criteria and Guidance for Examiners and the Examiner's Assessment Form. Examiners are blind to the identity of candidates.

b) The two examiners will confer and agree a mark for each piece of work. The coordinator/lead examiner is responsible for preparing the Confidential Report which contains qualitative comments about the pieces of work. The Confidential Report can reflect legitimate differences of opinion that may exist between examiners about the work. The co-ordinator/lead examiner will send the Confidential Report, independent and resolved marks to the Programme at least four weeks before the Board meeting. In the event of

the two examiners failing to agree a mark, the work will be passed to a third internal examiner for resolution. The third examiner will receive the comments from both examiners as part of the resolution process and recommend a mark. The marks/grades are then considered and final decisions made by the Board of Examiners. Confidential reports are used to inform discussion at the Board and are sent to candidates with a letter informing them of the results. In the event of a fail or referral grade, the Report will be sent to the External Examiner for comment about the appropriateness of the grade. The External Examiner's comment should be available for the relevant meeting of the Board of Examiners.

c) A sample of Reports and all marks/grades on the assessment of the Supplementary Report will be sent to the External Examiner for comment on the examination process prior to the relevant meeting of the Board of Examiners.

d) The assessments and comments will be considered and final decisions made at the September meeting of the Board of Examiners.

e) In the event of extensive typographical errors, significant errors in the use of language, the need for up to 150 words for clarification, correction or significant referencing errors examiners can agree a conditional pass which requires the candidate to correct the identified errors. These 150 words can be additional to the existing word limit. Should meeting specified conditions lead to the submission exceeding the word limit, the total word count on the front sheet should be set out in the following manner: original word count (additional words), e.g. 1846 (120). A letter to the examiners should be included indicating where the changes have been made, including page numbers. It would normally be expected that such conditions would be met within four weeks of receiving the results. In the event of very minor typographical errors, candidates will be asked to make corrections before submitting for final binding.

f) In the event of a candidate receiving a referral or fail for the submission, candidates will receive two reassessment attempts and may submit either a revised piece of work or a new piece of work. If a candidate has a referral or failure on a first submission or first reassessment on six occasions (including Evaluation of Clinical Competence) this constitutes course failure. If any assessment is not passed at second reassessment attempt, this constitutes course failure.

The candidate must inform the Assessments Officer, in writing, of the new submission date within four weeks of receiving their results. A letter to the examiners should be included with each copy of the resubmitted work indicating where the changes have been made, including page numbers.

g) Candidates will be informed of results by letter and given feedback following the Board of Examiners' meeting. Candidates will also receive

more qualitative comments in the form of the brief summary on the Confidential Report (described in (b) above).

h) Work that is resubmitted will usually be marked by the two examiners who originally marked the work and only in exceptional circumstances will different examiners be used.

i) At the end of the Programme, candidates are required to submit one bound volume containing the Team Policy Report (excluding the Reflective Account), Quality Improvement Project, Critical Review and Supplementary Report. This should be submitted in the appropriate formal binding as soon as possible following formal notification from the Board of Examiners. The submitted copy must include any amendments required by the Board of Examiners. The title page should contain the name of the candidate. This volume will be kept as the public record in the Library. Candidates are advised to keep an additional bound copy for their own record of work completed.

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

GUIDELINES ON THE PREPARATION OF

THE REFLECTIVE DEVELOPMENT REPORT

Learning Outcomes

- A reflective approach to practice and for this to be evident in terms of a high level of self awareness (personal reflection) and an advanced awareness of the perspectives of other individuals, groups and organisations (context reflection).
- 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.
- An approach to learning and development which recognises the need for it to be life long in order to remain professionally and clinically competent, and the skills necessary to systematically acquire, synthesize and critique complex and detailed bodies of knowledge.

Guidelines

1. The Reflective Development Report provides an opportunity for candidates to review and articulate the key features of their professional development throughout the programme in an integrated and imaginative manner. It is intended to be a tangible expression and culmination of the personal and professional reflection that is encouraged throughout the Programme in keeping with the Programme's aim of developing reflective practitioners.

2. The Report is required to be submitted for the Award of the Degree, but is not formally graded. The Report will be read by one member of the Programme Team (the candidate's Manager). It will be discussed with the candidate at their final review meeting where feedback will be provided.

3. The Report should be **between 3,500 and 4,000 words in length,** excluding any references and appendices that might be included. An accurate word count should be provided on the title page. Word counts should be exact and must include **all free text as well as words and numbers contained in quotations and footnotes etc**. Word counts should exclude title page, contents page, abstract, tables, figures and the reference list **at the end of the report** and appendices.

4. The Report is more personal and individual than most other pieces of written work submitted on the Programme. This can be reflected in the style of writing and the structure chosen for the Report which will need to reflect the themes and issues that arise for each individual rather than follow a pre-determined

framework. Inclusion of imaginative or creative styles of writing will be welcome as long as there is some associated commentary.

5. The Report is not meant to be a one off exercise but should draw on a continuous reflective approach to the experience of training. This could include for example:

- previous dialogue with peers, Programme Team, supervisors and others
- use of a reflective journal during training
- self-appraisals/feedback from placements and at training reviews
- particular experiences on clinical placements and the course programme
- the experience of the reflective practitioner group
- other personal development or therapeutic activities
- the impact of personal life on professional work and vice versa.

The Report will be much easier to write if some form or written record of experience and reflections is kept on a regular or occasional basis throughout training.

6. The Report can include some discussion of relevant theoretical ideas or indeed make use of theory reflexively. For example in understanding the experience of working in an organisation or team. However, this is not mandatory. Reference to other work may or may not be necessary but should be acknowledged where appropriate.

7. The Report should provide a stepping stone to future developments and therefore should include some reflections on future career direction, training and personal development needs.

8. The Report is a highly personal document and will remain part of the candidate's confidential Programme records. Individuals need to consider their own boundaries with regard to this and write as openly as possible within them. Any reference to clients should ensure their anonymity.

9. The Report must be submitted in accordance with the published schedule of deadlines.

10. One electronic copy of the Report should be submitted. The Report should be typed with double line spacing and the font size should be a minimum of 12. It should be paginated and clearly presented in accordance with normal conventions. Each Report should be paginated and follow the APA Style Guide in terms of references and conventions, but not structure. Structure should follow the guidance in this document. Candidates are encouraged to use double-sided printing where possible.

11. To be accepted the Report must meet normal standards of presentation. In addition the content must be appropriate to the self-reflective task and coherently written.

12. Failure to complete the set task will result in the mark of Fail being awarded for that piece of work.

13. Receipt of the Report will be confirmed at the Board of Examiners meeting in September and candidates will be notified of its acceptance in the letter informing them of their final results.

14. A copy of the Report will be kept with the Candidates confidential records but will not be open to wider access.

Ref: 004/Regulations/Reflective Development Report/Guidelines on Preparation/2011

CANTERBURY CHRIST CHURCH UNIVERSITY
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PRESENTATION GUIDE FOR WRITTEN ASSESSMENTS

The ability to present written material in a clear and well-presented manner, to a range of different readers, is a key competence for clinical psychologists. One means by which the Programme assesses this competence is through the evaluation of the presentation style of all the written assessments.

All pieces of written work submitted for assessment should: be presented in a manner appropriate to the piece of work being assessed; be laid out in a format that is clear and easy for the reader to follow; use the common rules of English in an appropriate way; follow the normal rules for the presentation of academic material such as citations, statistics and tables.

It is not uncommon for potentially strong pieces of work to receive lower marks than they could have achieved because of serious flaws in their presentation. The most common errors relate to: mistakes in the presentation of references (both in the body of the text and the references section); incorrect presentation of statistical results; and the misuse of various elements of English, such as colons and semi-colons, apostrophes and abbreviations. Some of these errors can be simply avoided by the use of the spell checking and grammar checking facilities on most word processing programs.

The Programme expects candidates to follow the advice given in the APA Style Guide, which can be downloaded from the APA website. This guide is regularly updated and the latest version should be used. The Style Guide covers: abbreviations; capitalization; italics; lists; numbers; statistical and mathematical copy; punctuation; quotations; citation of sources; word selection; sentence construction; spelling; tables; and figures and graphs.

There are now a large number of Internet sites which provide helpful advice on matters of English grammar, presentation, spelling, and so on. For example, CCCU provides short guidance notes on topics such as the use of colons, punctuation, apostrophes, etc. This can be found at:
http://www.canterbury.ac.uk/support/student-support-services/students/sssu/

Other useful sites are: The Capital Community College guide to grammar and writing: (http://grammar.ccc.commnet.edu/grammar/) and the Purdue University Online Writing Lab (http://owl.english.purdue.edu).

The use of APA style guidelines for marked work

APA style guidelines are oriented toward two areas: The first, manuscript style (how a manuscript is organised and prepared prior to submission for publication) and the second, reference style (how references are cited within the text and in the reference section at the end of the text).

APA reference style is required for all marked submissions in the doctoral programme.

Only Section B of the MRP is required to follow either APA manuscript style *or the manuscript style of the specific journal you have chosen to submit this section* to after submission as a marked piece of work. This is the part of your MRP that will be submitted to a journal. The organisation of section B is different from other pieces of marked work because it should be prepared in the writing and organisational style of a journal article. It requires a header, specific section and subsection categories, tables and figures prepared according to guidelines, key words, an abstract prepared in a specific way, etc.

We require APA manuscript and reference style for section B of the MRP because all BPS journals and many other social science and psychology journals use APA style guidelines. These guidelines are available in the *APA Style Guide*, 5th edition (or later), which is available in the library or for purchase through most on-line bookstores. Very good on-line guidance is also available from two sites, one at Purdue University: http://owl.english.purdue.edu and the other directly from the APA: http://www.apastyle.org/

You can also find APA reference style on versions of Word 2007 (and later) and Endnote. Alternatively, you may want to consider purchasing software that helps organise your manuscript and the details of your reference list. One such software publisher is at: http://apastyle.net/dp-screens.asp.

Ref: 004/Regulations/style guide for written assessments/2011

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

MARKING PRACTICES FOR TRAINEES WITH DYSLEXIA – GUIDANCE FOR EXAMINERS[1]

There have been several trainees with dyslexia on the Salomons Doctorate Clinical Psychology Programme over the last few years and this is likely to continue. The Special Education Needs and Disability Act requires that the Programme should not treat a disabled person less favourably than others for a reason that relates to their disability. The Programme needs, therefore, to both ensure that the assessment process does not disadvantage dyslexic trainees and also that the Programme's academic standards are maintained.

Context

All of the trainees on the Programme will have already obtained a good undergraduate degree (and many will also have a further degree). This suggests that many trainees with dyslexia will have already developed methods for coping with the academic demands of the Programme, although this may be less true for those trainees who do not receive the diagnosis prior to commencing the Programme.

Writing reports and other professional documents is a very important competence of clinical psychologists and, for the protection of the users of psychological services, it is important that all trainees are able to demonstrate their ability to meet the usual professional standards. Evaluation of an appropriate level of presentation is written into the guidelines for all the Programme's written assessments.

Canterbury Christ Church University processes for dyslexic trainees

The current processes relating to trainees with dyslexia, based on the University's guidelines, include the following:

1. Trainees are encouraged to disclose their dyslexia to a member of the course staff at the earliest opportunity, so that consideration can be given to what support they might need and to what reasonable adjustments might need to be made to ensure that they are not disadvantaged. Such disclosure could take place through a statement on the trainee's application form indicating that they have a diagnosis of dyslexia or by their informing a member of the Programme staff (such as their Manager).

[1] This guidance draws, in some sections, on the Association of Dyslexia Specialists in Higher Education (ADSHE) (2004) document "Guidance for Good Practice: Institutional Marking Practices for Dyslexic Students", downloadable form the ADSHE website: http://www.adshe.org.uk

2. Trainees have a right, if they wish, that their dyslexia is discussed with the University's Disability Officer and that their disability be registered with the University Registry in relation to the assessment process. In order for this to happen the trainee will need to provide a report that provides information about a formal psychological assessment, which has been undertaken since they were an adult.
3. If they are registered in this way, they will then be supplied with a cover sheet indicating that they have dyslexia. These cover sheets have primarily been designed for students undertaking undergraduate exams and would be attached to their examination scripts. It is clearly a rather different situation with non-examination forms of assessment and it would be up to the trainee to decide whether or not they attach this cover sheet to their submission. (One reason for not doing so, might be because of the possibility that it increases likelihood that an examiner will be able to identify the candidate.)
4. Trainees with dyslexia can approach the university's Student Support Services, based in Canterbury, for advice about obtaining funding for any support needs that they have in relation to the Programme. One use for such funding would be to get their submissions looked at by proofreaders selected by the University who would correct mistakes in grammar, spelling and presentation. These proof readers come from a variety of backgrounds, all of which demand a high standard of written English, but would not have a psychology qualification. Trainees may request an appropriate amount of additional time for submitting pieces of work, to allow for their submissions to be proofread.

Managing trainee submissions

These processes mean that examiners may get submissions from trainees with dyslexia: (a) where this is *not* identified on the piece of work and when the trainee has or has not had the piece of work read by a University proof-reader; or (b) where there is a cover sheet to indicate the trainee has dyslexia and where, again, it may or may not have been proof-read. This is clearly a complex situation and it is suggested that examiners use the following guidance when undertaking their marking:

1. <u>Academic standards</u>
   There must be no difference in the requirements for trainees with dyslexia to provide evidence of their learning compared to their peers – the academic standards required of dyslexic trainees are the same as for all other trainees.

2. <u>Marking with due consideration for the effects of dyslexia</u>
   It is important that examiners are aware of the potential manifestations of dyslexia by trainees and how this could affect their submissions.

People with dyslexia typically experience difficulty producing written work as quickly as other people; they are likely to make more spelling errors, even in word-processed work; their punctuation and grammar may be weak and they often omit, repeat or insert small function words or word endings. While not without structure, dyslexic trainees' written assignments may lack the "polish" demonstrated by their peers. Examiners might reasonably, in normal circumstances, consider such work "shoddy" or careless and a large number of such presentational problems in themselves would be grounds for considering a piece of work had not the met the standard for a Pass. In the case of dyslexic trainees, some consideration needs to be given to how such errors should be understood and how they will be taken into account when awarding the final overall mark. *However, the fundamental principle remains that the work should not be given a Pass until it meets the usual professional standards in terms of content and presentation.*

Options available to examiners include:

A. *Where there is a cover sheet indicating that the trainee is dyslexic*, the examiners will need to mark the work in the normal way but then consider the extent of the presentational problems and how likely it might be that these relate to the candidate's dyslexia. (The cover sheet may not specifically mention dyslexia, but will indicate that the candidate has difficulties with their written work that have been identified to the University Registry.) Where the work is recommended to receive a Pass and there are only minor presentational problems, the examiners will need to ask the candidate to correct any presentational problems before binding. Where the work is recommended to receive a Pass with Conditions, correcting the presentational problems can appropriately form part of the conditions that the candidate is required to meet. If the work is being recommended for a Referral, then the examiners will need to ensure that presentational problems, potentially related to the candidate's dyslexia, do not form a substantial part of the reason for a Referral. If the examiners feel that this may be the case, then it may be appropriate to recommend to the Board that the work receives a Pass with Conditions, whilst indicating that the candidate's dyslexia has been taken into account in making this recommendation.

B. Where there is no cover sheet indicating that the trainee is dyslexic, then clearly the piece of work will have to be assessed without any consideration being given to the candidate's dyslexia. However, it will then be important for the Board's attention to be

drawn to the candidate's registered dyslexia, so that the Board (along with at least one of the examiners who would be present) can consider whether any modification needs to be made to the recommended mark for the candidate. It is the responsibility of the Assessments Administrator to ensure that the relevant members of the Board are aware when pieces of work from dyslexic trainees are to be examined.

3. Qualitative feedback
   In making their qualitative feedback to candidates about presentational problems, examiners need to bear in mind that these could be a result of the candidate's dyslexia. Examiners should, therefore, avoiding making inferences about the reasons for such problems (e.g. "the work seems to have been produced in a careless way" or "the work seems to have been completed at the last minute"), as these might be very inappropriate in relation to dyslexic trainees.

David Sperlinger, November 2005
Amended by Celia Heneage, January 2011