Doctorate in Clinical Psychology

General Handbook 2023

Disclaimer

This document was published in September 2023 and was correct at that time. The department* reserves the right to modify any statement if necessary, make variations to the content or methods of delivery of programmes of study, to discontinue programmes, or merge or combine programmes if such actions are reasonably considered to be necessary by the University. Every effort will be made to keep disruption to a minimum, and to give as much notice as possible.

* Please note, the term 'department' is used to refer to 'departments', 'Centres and 'Schools'. Students on joint or combined degree programmes will receive two departmental handbooks.

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1 Welcome & Contacts

1.1 Welcome

We are very pleased to welcome you to the Clinical Psychology Doctorate at Royal Holloway University of London. We hope that the next three years will be a valuable and productive time for you. This Handbook, one of a set, is intended to provide information about the main features of the Course. We hope that it will be helpful as a point of reference and guide. The **Course Handbook** comprises the full set of Handbooks:

General Handbook
Research Handbook
Placements Handbook
Syllabus Handbook

The CBT Pathway (BABCP) Handbook and Systemic Pathway Handbook are provided as additional guidance for those trainees on additional competence pathways.

While we will attempt to keep the Handbook current and draw attention to changes, it may not always be possible to arrange for changes to be incorporated and trainees should always check on Moodle for the most recent version of the Handbook and any additional guidance which has been issued to guide students. Information will be subject to changes consequent on changes in the Department, University and NHS Trust Regulations and practices. Although we will endeavour to detail changes as soon as these are available, the most current version will be that on Moodle.

It is required that all trainees will have read and understood the contents of all the Course Handbooks: General, Clinical, Academic & Research Any matters relating to clarity, accuracy or interpretation should be reported immediately to dclinpsy@hul.ac.uk.

1.2 Course Staff

	E-mail
Academic Staff	
Katie Ashcroft, Lecturer, CBT Pathway Lead	Katie.ashcroft@rhul.ac.uk
Gary Brown, Senior Lecturer, Joint Research Director	gary.brown@rhul.ac.uk
Lauren Bryan Lecturer, Academic Tutor	Lauren.Bryan@rhul.ac.uk
Anna Crabtree Lecturer, Clinical Tutor	Anna.Crabtree@rhul.ac.uk
Kira Delgado Lecturer, Clinical Tutor	Kira.Delgado@rhul.ac.uk
Michael Evangeli, Reader, Director of Recruitment & Communications	michael.evangeli@rhul.ac.uk
Elizabeth Harding, Lecturer, Asessment Tutor	Elizabeth.Harding@rhul.ac.uk
Pinder Kaur, Lecturer, Clinical Tutor	Pinder.Kaur@rhul.ac.uk
Jessica Kingston, Senior Lecturer, Joint Research Director	jessica.kingston@rhul.ac.uk
Dawn Langdon, Professor, Director of Impact and External Engagement	d.langdon@rhul.ac.uk
Christopher Loh Senior Lecturer, Systemic Pathway Lead	Christopher.Loh@rhul.ac.uk
Olga Luzon, Senior Lecturer, Academic Director	olga.luzon@rhul.ac.uk
Andrew MacLeod, Professor, Research Tutor	a.macleod@rhul.ac.uk
Toby Newson, Lecturer, Clinical Tutor	Toby.Newson@rhul.ac.uk
Helen Pote, Professor, Course Director,	h.pote@rhul.ac.uk
Kate Theodore, DClinPsy Senior Lecturer, Deputy Course Director & Clinical Director	kate.theodore@rhul.ac.uk
Vasilis Vasiliou Lecturer, Research Tutor	Vasilis.Vasiliou@rhul.ac.uk
Gail Wingham, Lecturer, Academic & Admissions Tutor	Gail.Wingham@rhul.ac.uk

Administrative staff Email queries sent to: **Jen Lutley** Senior Student and Programme Admin Officer **Michelle Watson** Student and Programme Admin Officer **Didem Cunningham** Student and Programme Admin Assistant **Heike Gilmour** HR and Finance Admin Officer **Associate Clinical Tutors** Fatima Bibi Helen Brasnett Chris Bonner Carly Butler Clare Cooper Helen Coote Caroline Danchin Anne Donohoe Annette Eneberi Fatoumata Jatta Jamie Kelly Tamsin Owen Mishael Soremekun Alison Taylor Michelle Taylor Jane Vosper	dclinpsy@rhul.ac.uk heike.gilmour@rhul.ac.uk

2   Course Overview, Philosophy & Aims

2.1 Overview and Governance

This Course, which leads to a Doctorate in Clinical Psychology, is a partnership between Royal Holloway University of London Psychology Department, NHS England and clinical psychology services in North London. The Course, along with the other two North London Courses (University College London and University of East London), draws its clinical placements from the entire north London area.

NHS funded trainees hold employment contracts with Camden and Islington NHS Foundation Trust, enabling them to work across all North London NHS Trusts during their training. Self-funded trainees will normally have honorary contracts with the Camden and Islington NHS Foundation Trust as well as sometimes with any other Trusts they are placed in. These contracts, which outline rights and responsibilities in relation to employment with the Trust, should be read in conjunction with this Handbook. Several members of staff act as trainees' line manager on behalf of Camden and Islington NHS Foundation Trust.

The Course is approved by the Health Care Professions Council (HCPC), the statutory regulator for practitioner psychologists in the UK. It is a legal requirement that anyone who wishes to practice using a title protected by the Health Professions Order 2001 (e.g. Clinical Psychologist) is on the appropriate part of the HCPC Register. The role of HCPC is to oversee standards of training and practice for applied psychologists, and other professions, to ensure that the public is suitably served and protected. Upon completion of the Course, trainees are eligible to apply to be on the HCPC register. Completing the Course does not automatically confer registration with HCPC – the HCPC requires pre-registration checks as well as completion of a relevant approved Course. For more information, please see the HCPC website. Information about health and character requirements can be found here.

The course is accredited by the British Psychological Society (BPS), the professional body responsible for developing and supporting the discipline of psychology and disseminating psychological knowledge to the public and policy makers. The standards by which the Course is accredited by the BPS are available here. Successful completion of the Course confers eligibility to apply for Chartered Membership of the British Psychological Society (BPS) and full membership of the Division of Clinical Psychology. The BPS plays a key role in ensuring that our training equips people with the psychological knowledge and skills to be effective practitioners; see the links for further information about the benefits of joining the Society and the Division of Clinical Psychology.

Additionally, the Course runs a CBT pathway which has Level 2 accreditation with the British Association of Behavioural and Cognitive Psychotherapies (BABCP). This means that trainees who follow a designated pathway through the Course will, upon completion of the Course, meet minimum standards for accreditation with BABCP. Not all trainees will follow this pathway. Detailed information about this BABCP pathway is provided in the CBT Pathway Handbook.

The Course has also developed a Foundation Level Systemic Pathway which will be piloted from September 2023. We will apply for accreditation by the Association of Family Therapy for this pathway. All first year trainees will be offered the opportunity to complete the Foundation Level Systemic Pathway. Detailed information about this systemic pathway is

provided separately in the Systemic Pathway Handbook.

The Course Specification outlines the essentials of the Course, points which are expanded upon at various places in this Handbook.

The main aim of our Royal Holloway Equality, Diversity and Inclusion Framework 2023-2028 is to establish a diverse institution where everyone succeeds, is included and feels that they belong. The University strives to go beyond the public sector duty placed upon us by the Equality Act 2010. We believe that all staff, students and visitors should find the University to be a supportive and nurturing environment, free from bullying, harassment, discrimination or victimisation, and we will support this to be the case through our proactive equality and diversity work.

The University is committed to ensure that:

- It creates a positive, inclusive environment, free from prejudice, bullying, harassment and unlawful discrimination. We will take action to challenge inappropriate behaviour and discriminatory practice;
- Staff, students, applicants for employment or study, visitors and other persons in contact with the University are treated fairly, with dignity and respect;
- People and diverse groups with multiple identities and individual differences are recognised and valued;
- We will provide our staff and associates with the knowledge and skills they need to understand and meet their equality and diversity responsibilities.

We also ask that all students read and understand our Dignity and Respect Policy.

2.2 Philosophy and Values

The Course is underpinned by NHS principles and values as detailed in the NHS Constitution (2021).

What are the NHS Values?

There are six values in the NHS Constitution, and by living these values we can ensure the best possible care for patients:

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Principles that guide the NHS

1. The NHS provides a comprehensive service, available to all
2. Access to NHS services is based on clinical need, not an individual's ability to pay
3. The NHS aspires to the highest standards of excellence and professionalism
4. The patient will be at the heart of everything the NHS does
5. The NHS works across organisational boundaries
6. The NHS is committed to providing best value for taxpayers' money
7. The NHS is accountable to the public, communities and patients that it serves

The course believes the quality of everyone's experience in our society is of supreme value. Actions that promote the quality of life for a person and reduce impediments to that quality of life are therefore of great value.

Clinical psychology has a role to play in supporting people's quality of life, facilitating well-being and reducing distress – helping people to live lives that are good for them, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (taken from the World Health Organisation).

The course believes we need to develop practitioners, researchers and psychological leaders who are compassionate, ethical, professional, knowledgeable, skilled, resilient, confident and committed to their clients – delivering accessible and culturally sensitive services. Our practitioners should be critical thinkers who can evaluate the knowledge and skills they are acquiring in context, drawing on a broader systemic perspective, and continually improving future practice and research.

The course believes in the importance of equity, dignity and respect in clinical practice and in education delivery. We aim to address discrimination, eliminate racism and reduce educational and health inequalities through commitment, understanding and action. Specifically, we endeavour to offer an inclusive environment where every member of the student and staff body feels safe, valued, supported and can thrive free from prejudice, bullying, harassment and unlawful discrimination. We will take action to revise discriminatory organisational structures, to challenge inappropriate behaviour and discriminatory practice (taken from RHUL / NHS Providers/ NHS confederation).

The course believes that psychological practice and training is a shared enterprise between psychologists and the users of psychological services, that the rights and dignity and autonomy of service users are paramount and that the benefits to be derived from the application of psychological knowledge to people's lives arise through a process of collaboration.

2.3 Aims and Objectives

The University, NHS England and the partner NHS Trusts in London, aims to deliver a high quality Course of study and placement experience that meets the requirements of the regulatory body, The Health and Care Professions Council, and the main professional body, The British Psychological Society. The course and its assessments rely on a competency framework based upon the BPS course accreditation standards and the HCPC standards of proficiency (SOP) and standards for education and teaching (SET). See Table 1. Further details of these competencies are outlined in the Placements and Syllabus Handbooks, as well as in later sections of this Handbook.

We aim to equip students with the skills and knowledge to be effective practitioners and researchers within the NHS in their chosen areas of clinical psychology practice, working professionally and inclusively with a diverse range of clients.

Table 1. Overview of HCPC SOPs for Practitioner/Clinical Psychologists

HCPC Standards of Proficiency
1. Practise safely and effectively within their scope of practice
2. Practise within the legal and ethical boundaries of their profession
3. Look after their health and wellbeing, seeking appropriate support where necessary
4. Practise as an autonomous professional, exercising their own professional judgement
5. Recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner
6. Understand the importance of and maintain confidentiality
7. Communicate effectively
8. Work appropriately with others
9. Maintain records appropriately
10. Reflect on and review practice
11. Assure the quality of their practice
12. Understand and apply the key concepts of the knowledge base relevant to their profession
13. Draw on appropriate knowledge and skills to inform practice
14. Establish and maintain a safe practice environment
15. Promote health and prevent ill health

More specifically, the aims of the Course are to develop trainee skills in the following way:
- Professional
  - Produce qualified clinical psychologists who are able to work constructively, compassionately and critically across various roles within in the NHS, making a significant contribution to the welfare of clients with psychological distress.
  - Develop trainees' ability to communicate to a variety of audiences, including service users, using different modalities.
  - Foster high standards of professionalism, teamwork and value-based practice in relation to conduct and practice.
- Effective
  - Provide an up-to-date, balanced coverage of the major orientations, ideas and knowledge that inform an evidence based clinical psychology practice, with particular focus on cognitive-behavioural and systemic approaches.
  - Develop trainees' clinical skills and provide them with opportunities to apply their knowledge and skills in assessment, formulation and intervention.
  - Develop the critical, analytical, and research competences of trainees in relation to clinical psychology.
- Inclusive
  - Promote anti-oppressive, anti-racist, culturally competent and culturally sensitive practice that takes into account the wide range of diversity of those who use clinical psychology services.
- Aware of Context
  - Develop trainees' knowledge and awareness of NHS guidelines, relevant national policies, and professional guidance related to the practice of clinical psychology.
  - Foster trainees' awareness of operating within the legal and ethical boundaries of clinical psychology practice.

- Reflective
  - Develop trainees' capacity to reflect upon, evaluate and continually improve their work.
- Leaders
  - Develop trainees' leadership skills, service and policy development capabilities, including their ability to contribute to public health initiatives.
  - Develop skills and opportunities for shared multidisciplinary learning and practice with other practitioners in healthcare.
- Self-Management
  - Develop the ability of trainees to manage their own learning and maintain their wellbeing.
  - Develop the ability of trainees to work flexibly, using initiative and demonstrating appropriate autonomy to fulfil their role.

These aims are achieved through clinical and research experience which will provide the trainee with sufficient support and challenge for them to develop new competencies. The Course's approach to trainees' learning and development suggests trainees need to integrate action, feedback and reflection to maximise the development of their competencies. Trainees and staff need to take an active and collaborative approach to education, all learners should be encouraged to stretch their capabilities, take some risks with their own learning, reflect on their learning and learn from mistakes.

Over the three years trainees will develop their flexibility and resilience in applying knowledge and skills across a range of novel settings. This will enable trainees to develop confidence in their clinical skills and judgements. The Course is characterised by a variety of learning methods to suit a range of learning styles. It will include blended (in-person OR online taught programme), interactive group seminars, clinical placements and research with individual supervision, as well as individual meetings with course staff for personal and professional development. The achievement of course aims is evaluated by course staff and placement supervisors using a broad range of assessments including essay, clinical case reports and presentations, research thesis, exams, live practice observations and competence reports on placement.

A key feature of the Course is encouraging the development of research capability through engendering trainees with the confidence, enthusiasm and capability to do research. A scientific approach is taken to research and practice, in that value is placed on the critical application of psychological evidence and theory to clinical problems. However, trainees are encouraged to take a broad view of what constitutes evidence, ranging from empirical research, to clinical consensus and user experience. Trainees are also encouraged to learn to apply evidence constructively and creatively, in a way that is sensitive to the clinical context, taking account of the diversity of clients and settings.

The strategic development of the Course is always in collaboration with stakeholders and we value input from; trainees, our Service User and Carer Involvement Group (SUCIG), our Equality, Diversity, Inclusion and Anti-Racism Committee, NHS Trust Leads across London, the London Division of Clinical Psychology (BPS), the London Psychological Professions Network, NHS England, the British Association of Behavioural and Cognitive Psychotherapy (BABCP) and the Association of Family Therapy (AFT). Staff actively work with these stakeholders and we aim to shape the future direction of the clinical psychology profession through innovation in research and course delivery.

3 Communication

It is vitally important that as a trainee you keep in touch with us, and we keep in touch with you. Members of staff will often need to be able to contact you to inform you about changes to teaching arrangements, special preparations you may have to do for a class or meetings you might be required to attend. You will need to be able to contact members of the Department for example, if you are unable to attend a class, or wish to arrange a meeting with a tutor or your personal tutor.

3.1 Moodle

Moodle is the University online learning environment. Each Course has a designated area in Moodle where, which is used as part of a blended learning approach. Trainees can access content, submit coursework, participate in online activities, and communicate with staff and students using Moodle forums. Each aspect of the DClinPsy (Clinical placements, Academic, Research etc.) will have a Moodle forum set up where you can access

All DClinPsy Lecture resources (e.g. handouts) are shared electronically through Moodle. All coursework is submitted using Moodle and marking feedback is shared with trainees individually through Moodle too. Modle has a range of other functions and useful resources (e.g. accessing University online required training) so t is very important that trainees familiarise themselves with Moodle at the start of their course.

3.2 Email & Information Technology

The general email address, accessed by all members of the administration team is dclinpsy@rhul.ac.uk

If you have any IT problems contact the IT Service Desk

All students will have a RHUL email address and this is routinely used as a central communication method by the DClinPsy. Emails to this address will be used routinely for all communication with students. Email communications from staff and all the School Administrators should be treated as important and read carefully. **You should check your RHUL email regularly - at least daily** – to see if any official University communication has been sent to your email address. **Do not** ignore the email as it will be assumed that it will have been received by you within 48 hours, excluding Saturdays and Sundays**.**

Please put an out of office message on your RHUL email if you are on a period of annual leave or long term absence.

Your RHUL email address is included in a University email directory (the Global Address List). Your account is easily accessed, both on and off campus, via the student portal (Campus Connect) or direct via Outlook.com.

If you send an email to a member of staff in the Department during term time you should normally receive a reply within 3-4 working days of its receipt. Please remember that there are times when members of staff are away from University at conferences or undertaking research**.**

The University provides a number of PC Labs around Campus for student use, and you can also use your own laptop/smart phone etc, so the Department expects you to check your email regularly. It is also important that you regularly clear your University account of unwanted messages or your in-box may become full and unable to accept messages. **Just deleting messages is not sufficient; you must clear the 'Sent Items' and 'Deleted Items' folders regularly**. **It is your responsibility to make sure your University email account is kept in working order.** If you have any problems contact the IT Service Desk

The Course will only use the address in the University Global Address List and does not usually use private or commercial email addresses, such as hotmail or Gmail. Students who prefer to use commercial email services are responsible for making sure that their University email is diverted to the appropriate commercial address.

You should also be given a Camden & Islington NHS email account. The Course will not routinely use this for student communication but you will need to access it regularly for NHS Trust updates and to complete mandatory online training. Regular login is required (at least monthly) to keep this email address active.

3.3 Your contact details

There can be occasions when your School or Department needs to contact you urgently by telephone or send you a letter by post. It is your responsibility to ensure that your telephone number (mobile and landline) and postal address (term-time and forwarding) are kept up to date. Further information about maintaining your contact information is available on the website.

You can find out about how the University processes your personal data by reading the Student Data Collection notice.

As a postgraduate research student your RHUL profile will be publically available through PURE, the University's research information system. You can use this profile to share information about yourself and your research and promote connections with others. You can login to the PURE portal using your standard Univserity login and PGR students are responsible for curating their own PURE profile.

4   RHUL Guidance for Students

4.1 RHUL Student Responsibilities

Students on the DClinPsy have dual responsibilities as a full-time student and a full-time NHS employee. The University aims to bring all students into a close, harmonious relationship with each other and with the wider community and as a RHUL student you have responsibilities for your own learning, will expected to engage fully with your studies and abide by the student conduct regulations.

As an NHS full-time employee you will have the same responsibilities as any other NHS employee, and will be expected to comply with NHS policies and standards of conduct at all times. It is essential that data required by your NHS employer (e.g. on attendance, sickness, and annual leave) is reported in a thorough and timely manner. Trainees are paid by the NHS to attend academic teaching and additional University meetings and thus full attendance at

University is compulary.

Trainees are required to adhere to general standards of conduct and professional practice as outlined by the [Health Professions Council](#) and the [British Psychological Society.](#)

See detailed discussion of DClinPsy student responsibilities in this Handbook, Section 7.

4.2 Students' Union Royal Holloway University of London (SURHUL)

The Students' Union (SU) is a registered charity which exists for one purpose – to make student life better at Royal Holloway. Independent from the University, the SU is here to champion student interests and ensure you get your voice heard through their various representative platforms, such as Academic Reps (see more info under 2.5 Staff-Student Action Meeting), Student Communities (which give underrepresented groups a platform to campaign for their group's interests and provide support as a network) and elected Sabbatical Officers (who sit on the highest decision-making committees in the University).

Additionally, the Students' Union is also responsible for supporting over 140 student-led clubs and societies on campus, they run a pub (The Packhorse) across the road from campus, provide somewhere to eat and hang out in Tommy's Kitchen, and run two venues (the Union Venue and Medicine) that host regular club nights, as well as daytime events and entertainment through their 'Give It A Go' programme.

The Students' Union also runs an Advice Centre from the first floor of the Students' Union building, which is a free service and independent from the University, with professional Advisors who specialise in academic and housing advice. They can also signpost you to support for other issues, including wellbeing and financial.

- Phone: +44 (0) 1784 246700
- Email: helpdesk@su.rhul.ac.uk

[Find out more on the Students' Union website.](#)

4.3 Student Services Centre

The [Student Services Centre](#) provides support for issues relating to non-academic matters and student life such as [applying to live in Halls](#), [replacement University cards](#), [travel concessions](#) including the 18+ Student Oyster Photocard and also providing documentation such as [Student Status Certificates and Interim Transcripts](#)

- Most services are available on the [website](#) so you can access or request them wherever you are. You can also get advice by phoning, emailing, or visiting the walk-in centre using the details below.
  Email: studentservices@royalholloway.ac.uk
- Visit: Emily Wilding Davison Building (ground floor, opposite the library)
- Phone: +44 (0)1784 27 6641

[Find out more on the Student Services Centre](#) webpages.

4.4 Wellbeing: Supporting you at Royal Holloway

Our Student Life Directorate (Wellbeing & Experience) teams are here to support you with your health and wellbeing and to help you have positive academic, personal and social experiences as a Royal Holloway research student. The directorate has a broad spectrum of specialist teams who provide support, guidance and advice on areas which can impact on your mental health and wellbeing. We encourage students to contact our teams at the earliest opportunity and to signpost friends to our services if you feel they are struggling with their mental health and wellbeing. We also have Harassment and Wellbeing Advisers who are here to offer support with concerns about the conduct of others and our RH Be Heard platform.

If you have a concern about yourself or a friend, please do let us know so we can support you.

There is also access to an NHS managed GP Surgery on campus

- Email: wellbeing@royalholloway.ac.uk

Find out more on the Help & Support webpages or by following on social media @RH_Wellbeing.

4.5 Disability & Neurodiversity Supporting you with your disability

Our Wellbeing Disability and Neurodiversity team are here to support all students who have disclosed a disability, long standing medical condition, specific learning difficulty or mental health condition. The disability and academic advisers will help co-ordinate the right support for you including liaising with your academic department, external providers or specialist support services. To access our support you need to declare your disability and register with the team who will then work with you to implement appropriate support as soon as possible.

Your first point of contact for advice and guidance is the Disability Network Member in your department. To find our who this is and what their contact details are please check your Department Student Handbook.

- Email: disability@royalholloway.ac.uk

Find out more on the Wellbeing Disability and Neurodiversity webpages.

4.6 Supporting you as an international student

Our Wellbeing International Advice team are the first point of contact for international students about a range of support and wellbeing issues, including visa and immigration advice, and will ensure you are able to access the most appropriate services as required. They also support and proactively work to foster and inclusive and welcoming community on campus for all including with their Home away from home programme of events.

- Email: internationaladvice@royalholloway.ac.uk

Find out more on the International Advice webpages.

4.7 Supporting you with your finances

Our Wellbeing Financial Advice team will assist with financial difficulties you may experience including support with financial difficulty (Study Support Grant), short term loans, referrals to local Foodbanks, budgeting & financial capability advice and a wide range of other financial enquiries. They aim to ensure your time at university is as financially stress-free as possible.

- Email: moneymatters@royalholloway.ac.uk

Find out more on the Financial Wellbeing webpages.

4.8 Supporting you with your faith & spirituality

The Wellbeing Multifaith Chaplaincy team aim to support students and staff in building supportive communities of faith, where fundamental questions can be explored and a deep personal search for meaning is encouraged. We have an Anglican Chaplain, Catholic Chaplain and Muslim Chaplain. They are here to offer support to the whole university community. Whatever you believe, whatever your background, whoever you love, whatever your struggles or doubts, and wherever in the world you are, the Chaplains want to hear from you. The team also work closely with the SU Faith Societies and can put you in contact with them and many other local faith communities.

- Email: chaplaincy@royalholloway.ac.uk

Find out more on the Chaplaincy webpages.

4.9 Supporting you through counselling

The Wellbeing Counselling team are here to support you with your personal emotional and mental wellbeing. Emotional problems can get in the way of your studies and life in general. If you find yourself having difficulties, you may find it helpful to speak to one of our professionally trained counsellors who broadly base counselling on the one at a time model with solution focussed sessions. They work to the British Association for Counselling and Psychotherapy (BACP) Ethical Framework for the Counselling Professions and are a BACP accredited service. To see a counsellor, you will need to register with the service before booking an appointment.

- Email: counselling@royalholloway.ac.uk

Find out more on the Wellbeing Counselling webpages.

4.10 Supporting you with your mental health

Our Wellbeing Mental Health team provide mental healthcare to students who require support in primary care. The team form a common point of entry for triage, assessment and referral (where needed) onto specialist NHS or mental health services. The Practitioners can help students with emerging mental health concerns and those who are exploring options for mental health support

- Email: mentalhealth@royalholloway.ac.uk

Find out more on the Wellbeing Mental Health webpages.

4.11   Supporting you with an active lifestyle

Studies have shown that students who work-out work better and being physically active can help with your mental wellbeing too. Physical activity is for everyone, and experience is not a requirement. Whether you're looking to pick up a new sporting hobby, or you're always in the gym, there's something for everyone of all abilities and our teams will be happy to help you.

- Email: sportscentre@royalholloway.ac.uk
- Find out more about active lifestyle and sport opportunities

4.12   IT Services Desk

The IT Service Desk is here to support you with issues such as email access, connecting to CampusNet Wi-Fi, and making use of University printing facilities. The IT Service Desk are also available to provide advice and guidance on a range of more specific IT issues, should you experience any problems. They also offer access to free software, including Microsoft Office 365, NVivo and SPSS.

- Online chat: rhul.ac.uk/it
- Phone: +44 (0)1784 414321
- Email: itservicedesk@royalholloway.ac.uk

Find out more on the IT Services webpages.

4.13 Student Safety, Concerns and Complaints

If you have any concerns about your studies or your experience as a student you should raise these as soon as possible, usually to your Personal Tutor. The procedure for raising concerns and making a complaint is detailed further in Section 7 of this Handbook and detailed on the RHUL website. A system for reporting incidents online, including anonymous reporting, is also available – Be Heard.

Urgent concerns about safety should always be reported to College Security who are contactable 24 hours a day, 7 days a week for your protection. If there is an emergency on campus please call the Security Control Centre, based at Founder's East reception.

Emergency number: 01784 443888
Email: securityrhul@royalholloway.ac.uk
Non-emergency number: 01784 443063
If you are not on campus and are still at risk, call the police immediately on 999.

5   Course Structure and Content

Trainees spend approximately 50% of their time on placement, 30% on the academic component of the Course, and 20% on research (including research teaching). Placement time is fairly evenly spread over the three years. As the Course progresses, there is less scheduled academic time and more time allocated to research.

5.1 Academic component

The Clinical Doctorate consists of three Academic Terms per calendar year for each of the first two years of the Doctorate. These Terms are slightly longer than the normal RHUL

University terms and vary in length. In the final year, there is one term of teaching followed by ad hoc individual academic sessions in the second and third terms to enable time for trainees to complete their thesis.

The academic curriculum is outlined in the Syllabus Handbook. It is designed to ensure that trainees are introduced to the broad range of topics that are relevant to clinical practice with depth of coverage taking place in later parts of the Course. All details of term dates, lectures and lecture handouts are held on Moodle.

The teaching is both experiential and didactic, as appropriate. Some lectures will be in person at RHUL Egham Campus and others may be delivered online as live lectures, please note, the course is not able to provide hybrid teaching (some online and some in person at any one time), and therefore online attendance for in person teaching days is not possible. Attendance at all lectures is required and recorded. A minimum attandence level of 80% per term is monitored and additional work required to make up for missed lectures.

During the earlier parts of the Course, trainees will be taught about clinical phenomenology, assessment and formulation, the professional context of clinical psychology, working with different client groups, use of different psychological models, specialist skills, and research methods. Later, there will be a focus on more specialist and advanced topics. Teaching is provided by Course staff, the academic staff of the Psychology Department and by clinicians from the Region and elsewhere.

During the three years, trainees participate in a series of Clinical Seminar, where cases are discussed in the light of theory and research in order to enable peer review of clinical practice. These seminars also afford an opportunity to discuss and reflect on wider professional issues. Trainees are required to complete two presentations of clinical work during their training.

No course can reasonably be expected to cover all of clinical psychology. Hence, responsibility for certain topic areas will devolve to trainees. Study days are introduced to facilitate this (as well as to enable trainees to undertake study based on the taught course). Moodle will offer a range of resources to support private study, including eLearning and some recorded Lectures not included within the standard Curriculum. Note that trainees may be required to attend academic or professional development meetings at University on scheduled Study Days.

5.1.1   Academic Timetable

Your individual student academic teaching timetable will be available on the 'your timetable' page on the student intranet. You will need to log in with your university username and password and view your timetable using the site or by downloading it to a personal calendar. You will not see a complete timetable until you are registered. Timetables are subject to change during the academic year, so you should check yours regularly (as a minimum every two days), to ensure you are using the most up to date timetable. The admin team will endeavour to notify you by email to your Royal Holloway email account for significant late changes to your timetable that will affect teaching in the next working day, so please also check your emails regularly.

Please be present at the start time. Teaching will finish ten minutes before the end time to

allow you to move between classes. The academic timetable will show your on-campus and online timetabled activities. Any other learning activities associated with your course will be provided by your lecturers in Moodle.

5.2 Clinical component

Trainees are required to undertake and pass a series of six to twelve month clinical placements over 3 years that give them the opportunity to acquire the range of clinical competencies required for qualification. As far as possible, placements will be in the North Thames part of the London Region. Further details of placement requirements and organisation are provided in the Placements Handbook.

5.3 Research component

Details regarding the research component of the Clinical Doctorate are given in the Research Handbook. In summary, trainees undertake a service related research project aligned to their placement activities, complete research assignments and a statistics examination to develop their research competences. The central research requirement is the successful completion of a doctoral level research project; consisting of a systematic/conceptual review of research literature and an empirical project related to an area of clinical psychology. Research teaching throughout the Course supports the research requirements.

6 Assessment and Progression

The normal expectation is that trainees will progress through the Course and be recommended for the award of the degree at the end of three years. To progress and be awarded the doctoral degree there are a range of assessments that need to be passed. These assessments reflect the range of skills, knowledge and competence that trainees need to demonstrate in order to be qualified to work as clinical psychologists.

All assessments need to be passed at first attempt or at second attempt. Any assessment not passed at second attempt will be deemed a fail of the assessment and therefore a fail of the Course. Only in exceptional circumstances will a third attempt be allowed. Extenuating circumstance cases require clear mitigating circumstances supported by evidence and approved by the University. All placements must also be passed. Only one placement may be failed at first attempt.

Continued failure of assessments at first attempt with subsequent pass at second attempt, while not leading to a failure of Course requirements, will lead to discussion at the Department Assessment Board.

6.1 Assessments

There are a range of assessments, summarised below. Further details, including the learning outcomes and marking criteria for each assessment can be found in Appendix 4.

Summative: Pass/Fail gradings are awarded and written feedback offered.

1.   **Research thesis** (minimum, 25,000 words).

2. **Reports of Clinical Activity (RCA)** - three reports of clinical work undertaken on clinical placements (maximum 4,000 words each report). One of these reports is in the form of a Reflective Practice Assessment

3. **Service-Related Research Project (SRRP)** - one report of a piece of service-related research undertaken on a placement (maximum 4,000 words).

4. **Evaluation of Clinical Competence (ECC)** - on **six** placements. Only <u>one</u> ECC may be failed at initial attempt but must be passed successfully at the second attempt. Note, it is trainees' responsibility to ensure that all paperwork relating to placement is received within the specified time frame (see Placements Handbook). No placement can be recorded as a Pass until all the relevant paperwork is received.

5. **Essay** – detailing clinical psychology theory and practice (maximum 4,000 words).

6. **Clinical Examination** - 1st year exam. Section A & B. Each section must be passed on first sitting or on re-sitting.

7. **Statistics Examination** – 2nd year exam.

<u>Formative</u>: Must be completed to a satisfactory standard and formative feedback is offered.

8. **Short proposal and Full proposals** - submissions in the first and second year or training course staff will offer formative feedback to the trainee in developing their research thesis.

9. **Research Critical Review (**maximum 1500 words). Course staff offer formative feedback.

10. **Oral Presentations** - two oral presentations of clinical practice and one presentation of the empirical research project. Course staff and peer live and written feedback is offered.

11. **Clinical Interview Skills Assessment (CISA)** – adult clinical assessment interview simulation, must be completed to a satisfactory level to commence clinical work. Live formative feedback is offered by peers, experts by experience and course staff.

A full outline of the Timetable of Assessments for each cohort will be distributed and provided on Moodle.

6.2 Coursework

6.2.1   How to submit coursework

All work that is to be assessed as part of the Doctorate requirements will have a predetermined submission date, detailed in a timetable of assessments schedule available on Moodle. For RCAs there are three hand in slots and one RCA should be submitted in each slot. For the SRRP there are two possible hand in slots. The dates of the hand in slots will be

outlined on the Timetable of Assessments distributed to each cohort. Trainees are strongly encouraged to hand in on the first of those slots if at all possible.

Please ensure that you are aware of the deadlines set. Work that is submitted after the deadline will be deemed to be a Fail and work will need to be resubmitted as a second attempt.

All coursework should be submitted to the correct Moodle submission box by 10am on the due date. Please ensure the Moodle upload title is formatted in the following example way:

24XXXXX (candidate number which can be found on Campus Connect), RCA1, CBT for psychosis in a 26 year white British man.

That is, the description should have candidate number, which assessment it is, title of the work (in the case of RCAs include information relevant to diversity – nature of the work and the client).

All other coursework submissions should follow this format – candidate number, name of assessment, and title of work.

For research submissions, which are not anonymized, substitute your name for the candidate number.

If you have learning needs and have been provided with green stickers by the DNS team please flag this to the markers by writing 'green sticker' in the header of your document.

For the thesis, an electronic version must be submitted to Moodle by the deadline. Please note you may need to provide up to two soft-bound printed versions if requested by your examiner(s). Further specific guidance is given as part of the research teaching programme.

The word count must be an accurate description of the number of words in the submission. In addition, please include your candidate number as a header in your submission and make sure that your pages are numbered.

As part of the regular running of the course, there will be times when anonymised coursework examples will be shared amongst professionals in order to ensure the course is running according to the regulations required by both the University and external regulating bodies.

6.2.2   How to present coursework

All work must be typed using a clear font such as Arial or Times New Roman, 12pt and paginated, and the text and references must follow the format specified in the Publications Manual of the American Psychological Association (7th Edition, see https://apastyle.apa.org/).

Excellent standards of presentation are required for all submissions For any document to be effective, it requires, among other things, good organisation and presentation and the absence

of spelling, grammatical, and reference-style errors. Work may be downgraded for poor presentation (e.g., spelling and typographical errors or failure to adhere to presentation requirements).

To ensure "blind marking", no name or other information that could identify the trainee (or the Client in RCAs), should appear anywhere on the submission. Appendices should be checked as trainees sometimes include copies of clinical reports or letters and forget to remove their own names or the names or other identifying details of clients from these. **Leaving any material that enables the identification of a client is a breach of confidentiality and will be taken very seriously by the Course. The work may be given a Fail grade for this reason. The work, including appendices, should be thoroughly checked for this before submission.**

RCAs must include a Self-assessment Checklist (Appendix 6), and RCAs and the SRRP an Abstract (Appendix 7) signed by the placement supervisor and trainee to verify that the work reported was carried out on placement. These should be uploaded to the Moodle submission box linked to the correct assignment with the subject title including the assessment title and document name i.e. *RCA1 Abstract.*

On rare occasions a trainee might inadvertently reveal their identity through a reflection that includes reference to a personal characteristic. If reference to this personal characteristic is an integral part of the reflection then it should be included, even at the risk of de-anonymising the report.

Maintaining the integrity of their Personal ID is the responsibility of the Trainee.

6.3 Word limits

Each piece of coursework has a stated word limit that must be adhered to. An accurate word count must be given on the front sheet and checks may be carried out to assess whether the work is within the word limit.

Any work (written, oral presentation, film, performance) may not be marked beyond the upper limit set. The upper limit may be a word limit in the case of written work or a time limit in the case of assessments such as oral work, presentations, films or performance. In the case of presentations, films or performance these may be stopped once they exceed the upper time limit.

Material in tables and figures **does** contribute to the word count, but the Reference section, Title Page and Abstract **do not** count.

Material in the appendices **does not** contribute to the word count for RCAs the RPA and the SRRP. However, you should not use appendices as a device for placing material that should have been included in the main body of text. Appendices should not contain material that is central to the understanding of the main text - in other words, the reader should not *have* to go to the Appendix in order to be able to follow the main text. Additionally, appendices should not be excessive length – for example, there is rarely anything to be gained by putting raw data (e.g., thought records, etc.) in an appendix. Appendices for the essays should be avoided.

If in doubt, please contact the Assessment Tutor for guidance.

6.4 Academic misconduct

The University takes allegations of academic misconduct very seriously. The University Regulations on Academic Misconduct (also known as assessment offences) can be found on the Attendance and Academic Regulations page of the student intranet. The DClinPsy is registered as a Research Degree.

Academic misconduct includes, but is not limited to:

- Plagiarism;
- Commissioning;
- Collusion
- Duplication of work (also known as 'self-plagiarism')
- Falsification;
- Impersonation;
- Deception;
- Failure to comply with the rules governing assessment, including those set out in the 'Assessments Guidance for Students'

The Regulations provide definitions of the types of academic misconduct, the procedure for investigation of allegations and penalties which may be imposed.

It is important that all students take steps to ensure that they do not commit academic misconduct, unintentionally or otherwise. You will be expected to undertake the 'Academic Integrity: Avoiding Plagiarism & Using Turnitin' course on Moodle and to familiarise yourself with the principles of academic integrity and good scholarly practice. Please speak with your Personal Tutor or other members of staff in your department if you have any queries about what constitutes academic misconduct.

The University require all students to complete the "Avoiding Plagiarism Resource" on Moodle. This is mandatory. This must be completed before the end of Term 1. Trainees will be advised on the process. Turnitin will be used to check randomly for plagiarism.

Summary of some of the more common allegations of academic misconduct:

6.4.1 What is Plagiarism?

Plagiarism is the presentation of another person's work, in any quantity, without adequately identifying it and citing its source. It is possible to commit plagiarism without any intention to do so by failing properly to reference a piece of work. You should ensure that you are familiar with your Department's specific referencing requirements. In addition to your Department, further advice can be obtained from CeDAS and the Library.

6.4.2 What is 'Collusion'?

Collusion is acting together with another person in order to obtain an advantage for yourself and/or the other person. While collaboration is often encouraged, the work you submit for

assessment must be yours, and yours alone (unless it is specifically described as a 'Group' project or assignment).

6.4.3   What is 'Commissioning'?

Commissioning, (also known as 'contract cheating') is engaging another person or organisation to undertake work submitted for assessment (whether paid or not). This includes using all or part of an essay taken from an essay bank or 'essay mill'. Submitting work written, or improved, by a friend, member of your family or another student can also constitute commissioning.

6.4.4   Use of Artificial Intelligence Tools

Artificial intelligence tools such as ChatGPT and Google Bard are widely available. However, they should be used with caution and only in accordance with any instructions your department have given. It is not acceptable to reproduce text generated by one of these tools without attribution and significant modification, and to do so could be considered a serious academic offence. Further information can be found on the [Generative Artificial Intelligence at Royal Holloway](#) page on the student intranet.

6.4.5   The Rules Governing Assessment

You should familiarise yourself with the '[Assessments Guidance for Students'](#) which contains information about conduct during examinations (both online and in person). Please take notice of the rules around communication with other students during online examinations.

6.5 Procedures for marking coursework

Assessed work will be marked using single blind marking and moderation.

After internal marks have been agreed between marker(s) and moderator(s), samples are sent to an External Examiner to check the appropriateness of the marks.

Feedback to trainees from the marker will be on the submission on Moodle, normally within six weeks of submission. It should be noted that the return of marks is dependent on the External Examiner who is also likely to be a member of a training programme with other demands on his/her time. The Course cannot issue grades until these are cleared by the External Examiner and signed off by the Chair of the Department Assessment Board. Hence, while we aim to meet the six-week deadline, this may not always be realised in practice. You will be informed if return of marks is going to be later than six weeks after submission.

We recommend you download your marked work from Moodle once the marks and feedback are released and keep this for your records. Please note we may not be able to access your feedback once you have left the course.

6.6 Outcomes

The marking of each piece of required work is based on the extent to which the learning

outcomes for that piece of work have been attained. The learning outcomes, grading criteria and mark sheets for each piece of work are given in Appendix 4 (note that the exam is marked differently, due to having different elements, and there are no set mark sheets for them). It is University policy not to mark scripts which are illegible. If you anticipate that you may have difficulty in handwriting scripts which would lead to your scripts being illegible you should contact the Disability and Neurodiversity team.

In the case of a fail grade the feedback should provide clear guidance about the reason for the fail and what would be required to bring the piece of work up to a pass grade. The resubmission should be submitted within four weeks of receiving the grade. The final grade, along with the fact that it was a resubmission, will be recorded on the trainee's record.

All assessments are meant to help trainees learn and develop. The written feedback you receive should provide sufficient information to understand the basis for the grade awarded. It should also guide you about the changes required for any resubmission. In some cases you may feel that there are specific aspects of the feedback that require further clarification. If this is the case you are able to contact the marker by email to discuss this, bearing in mind that the mark cannot be changed.

If you do wish to contact the marker you should do so **within two weeks of receiving the feedback**. When contacting the marker it is important to outline the specific questions that you have ahead of the discussion, which could then be by email or in person. It is the responsibility of the trainee to make contact with the marker if they wish to arrange a further discussion about assessment feedback.

It is helpful to note that where feedback recommends including further content, markers will not routinely give advice on how this could be included within the word limit. This is because, unless otherwise stated, it is assumed that the additional content can be accommodated by adopting a succinct writing style in the remaining body of the work.

6.7 Extensions and extenuating circumstances

6.7.1 Coursework extensions and extenuating circumstances

Occasionally, unforeseeable or unpreventable circumstances arise which prevent you from submitting your work on time. The University have a system where you can apply for a limited number of extensions each year, each for a prescribed amount of time.

If you wish to submit Extenuating Circumstances because you cannot complete a piece of work (even with use of permitted extensions) or you feel that the standard of your work has been substantially affected by your current circumstances, you can submit extenuating circumstances.

Please see the University webpage for information on extensions and extenuating circumstances. Note that extenuating circumstances will need to be evidenced thoroughly and all evidence submitted to the University system. This is not a system administered by the DClinPsy Course.

Please note: - Placement documentation, pathway additional submissions and thesis-related submissions are not part of the University extension process; any request for an extension for

these submissions will be carried out by contacting the Course directly via dclinpsy@rhul.ac.uk. Please state 'Extension Request' clearly in the subject title. The exception to this rule is submission of the thesis itself, for which an extension may need to be requested through the Doctoral School.

6.7.2   Thesis extensions

Thesis extensions are handled separately to other extensions.

Occasionally, a trainee may be unable to submit their thesis by the required submission date which is in the final term of their 3-year Course. Extensions are an exceptional, rather than a common, occurrence as they can prevent qualification as a Clinical Psychologist within the usual 3-year timeframe. There are three categories.

1. Sometimes it is possible to negotiate with an examiner to receive a late submission of the thesis and still examine it within the normal viva timetable. This cannot be guaranteed and if it does happen it can only accommodate an extension of around a week. It cannot be guaranteed because we cannot guarantee that an external examiner will be able to accept a late submission – we need to try to negotiate that with them. This extension process is dealt with internally by the Course and will be subject to the usual conditions of extension approvals.

2. An extension request that exceeds one week will likely result in the thesis not being examined on the timetabled viva examination dates. These longer extensions requests will require a new date being set for the viva. We can only *guarantee* the annually set viva dates, which means that for extensions greater than a week, we are only able to *guarantee* you a viva that is in line with the subsequent cohorts' vivas (i.e., a year later). This being said, we will try to organise a viva date before then. If it is possible to schedule your viva before the end of the Course, the extension can be managed internally. However, if the viva cannot be organised before the end of the Course in September, an extension request will need to be submitted to the Doctoral School. It is hard to know in advance whether a late viva can be organised before the end of the Course, as this will depend on factors that are often outside of our control (e.g., examiner availability). Please bear in mind that examiners normally expect to receive a thesis *at least* a month before they examine it. Therefore, with this type of extension there is a risk of not completing the Course before the end of contract. If the viva cannot be organised before the end of the Course, there may be financial implications, where the College asks you to pay an additional fee for continued use of College resources.

3. If a longer extension has a submission date after the end date of the Course, the extension request needs to go through the Doctoral School rather than through the Course. Again, you will not complete the Course before the end-of-Course date and there may be financial implications, where the College asks you to pay an additional fee for continued use of College resources. As above, for this type of extension, we are only able to *guarantee* a viva that is in line with the subsequent cohorts' vivas (i.e., the following July), although we will try to organise it before then as much as is possible.

If you want to apply for the possibility of a short extension you would need to send your request to dclinpsy@rhul.ac.uk stating 'Thesis Extension Request' clearly in the email title. The whole system is built on people submitting on time and being examined on the specified dates that are set a year in advance, so there needs to be very strong reasons for us to accept an extension request.

For longer extensions you and your supervisor will need to complete a request for a suspension of regulations through the doctoral school:

https://intranet.royalholloway.ac.uk/doctoral-school/pgr-staff-tools/online-pgr-request-form.aspx

The normal maximum additional time permitted is 6 months for submission, with the viva being organised as described above.

6.7.3   Extensions of training

Circumstances can arise occasionally that mean a trainee will need to extend their DClinPsy training period. Examples include failing and having to resit a placement, extended periods of illness or maternity leave. An Interruption of Studies may be required from the University, which allows the trainee an extended period of time to be absent from the University.

In the first instance, please contact the department (usually personal tutor) to discuss any possible interruption of studies. A formal request for interruption of studies must be submitted to University by filling out an Interruption form and obtaining departmental signatures. The administration team can support you with this.

It is essential that adequate supporting evidence is submitted with the request. For further information on supporting evidence, please refer to the FAQ's available **here**.

If you are still uncertain what evidence is suitable, please contact doctoralschool@royalholloway.ac.uk for advice. Where applications are submitted that lack adequate supporting evidence, it is very likely that they will be denied or subject to significant delays. The request will be sent to the Vice Principal (Education) for consideration on behalf of the CBEEC and you will be informed whether the request has been approved or not.

It is essential that you contact your personal tutor, supervisor or department at the very earliest possibility, should you find that you require a period of interruption to your studies. Please note, a back-dated (or retrospective) interruption will only be considered on the most exceptional grounds and in cases where the interruption sought is for a very limited period.

Your Personal Tutor and Line Manager will work with you to devise an individual training plan to minimise the additional time needed to complete training, but in some cases such additional time is inevitable. The Course Executive will need to formally endorse the proposed training plan before any application for funding or further action is taken.

If an extension to training is required the Course cannot guarantee that your NHS salary or

any expenses incurred for extensions will be met. An application for additional funding will need to be made to NHS England in London, the body that funds the Course, who will consider each application on a case-by-case basis. The general guidelines that inform decisions about extensions can be found in (Appendix 8).

No financial conference attendance allowances are available during extensions to training beyond the normal three years.

There are special arrangements, including funding, for maternity leave, details of which should be requested from the NHS employer. Both before beginning maternity leave and on return to complete the Course, the trainee will agree an individual training plan with their personal tutor, to be approved by the Course Executive. When on maternity leave, there is the possibility of "keeping in touch" with the Course through the use of Keeping in Touch Days (Appendix 9).

6.8 Suspension

Trainees are expected to adhere to the psychologist professional standards outlined by the HCPC and BPS, as well as those detailed by the University and the employer. If an occasion arises where there is a need for immediate suspension from training or removal from placement, for example, if a trainee becomes a danger to themselves or behaves in such a way as to constitute a danger to clients, among other grounds, Course staff will take whatever action is necessary, in close liaison with the University, the employer and, where relevant, the placement. The case will then be reviewed by the Course Executive and the Course Director will then liaise with the University and the employer.

Guidance on specific procedures for suspending registration is given in the Fitness to Practise policy.

6.9 Termination

Trainees are expected to adhere to the psychologist professional standards outlined by the HCPC and BPS, as well as those detailed by the University and the employer. Where a trainee fails to meet the expected standards of general behaviour or professional standards the normal disciplinary procedures detailed above will be followed. Details of University procedures for Termination can be found in section 16 of the Postgraduate Taught Regulations. Specific regulations relating to the DClinPsy thesis can be found in Appendix 2 of the PGR regulations.

As employees of C&I Mental Health Foundation Trust, trainees are also subject to Trust disciplinary procedures as required.

If either the University or the Employer terminates a trainee's registration or employment, respectively, the date of termination will be decided in consultation with the placement Supervisor in order to not compromise the needs of any patients in ongoing clinical work.

Similar arrangements regarding termination date, if appropriate, will be introduced in relation to any ongoing research project.

If a trainee is required to end their registration with the Course, for whatever reason, all

course materials (books, test equipment, etc.) and materials relating to the patients, the research project, including all research data, must be lodged with the appropriate individual (Course Administrator, Clinical Supervisor, Research Supervisor).

The trainee will also forfeit sole rights to research data. Instead, the research Supervisor(s) will then have the right to use the material in any way they see fit, but with appropriate acknowledgement to the contribution of the trainee.

It is important to note here as well that any trainee whose contract is terminated by the Employer will have their registration with the University terminated, and similarly termination by the University will automatically mean termination of employment registration.

The University also has Fitness to Practice procedures for courses that lead to a professional qualification in a health care discipline. These procedures are designed to be implemented when there are issues relating to suitability to practice that may not be picked up by normal assessment procedures.

Trainees have a right of appeal against any decision.

6.9.1   Cancellation of student visa

If you have a Royal Holloway student visa, should your registration at the University be discontinued for non-attendance, non-engagement with your studies or any other disciplinary matter, you will be reported to UK Visas and Immigration (UKVI) and your Student Visa will be cancelled. Alternatively, in line with the University's legal obligations to UKVI, if you fail to meet the requirement of your student visa including attendance and completion of assessments, the University may discontinue your student registration without following the disciplinary procedures outlined in the Academic Regulations. This decision would not be open to appeal as it is part of the University's obligations to the UKVI. Please see our University Regulations. If you need immigration or visa advice please email our International Advice Team.

7   Personal Responsibility of trainees

7.1 Trainee status

Trainees have a dual role as employees of the NHS and postgraduate students of the University. They are therefore bound by the Contracts of Employment, Job Descriptions and Conditions of Service of the Employer as well as by University rules and regulations. Additionally, trainees while on placement are bound by any conditions in operation in the placement or imposed by the organisation providing the placement.

Trainees are required to adhere to general standards of ethics, conduct and professional practice as outlined by the Health Professions Council and the British Psychological Society.

The Association of Clinical Psychologists, UK also represents the profession of clinical psychology and provides additional professional guidance.

At all times trainees are to act in accordance with their professional status. Indemnity is

provided by Royal Holloway University of London when trainees are engaged in legitimate University business, that is, engaged in activities that are relevant to and defined by their role. We would also recommend that you also take out personal liability insurance.

Trainees are entitled to join an appropriate [Registered Trade Union](#) or professional body and take part in its activities.

7.2 Line Management

Three members of DClinPsy staff act as trainees' Line Managers – Helen Pote (Course Director), Kate Theodore (Clinical Director) and Olga Luzon (Academic Director). That means that they have responsibility on behalf of the University and on behalf of the employer (Camden and Islington Mental Health Foundation Trust) for managing and overseeing trainees' performance on the Course. Any concerns about trainees' progression will usually be discussed with the Course Director and the NHS Line Manager from the employing Trust – Rana Rashed.

However, there are a number of ways that the line management responsibility is devolved to other staff on a day to day basis:

- Personal Tutor – trainees' personal tutors are responsible for overseeing trainees' welfare and development during the three years of their training, and will offer you meetings at least once a term. Further details are outlined in the Support pages. **Your personal tutor is the person to go to if you have any issues or if you are unsure of who to talk to about a specific issue**. Personal Tutors will conduct individual Developmental Review with trainees on an annual to consider goals and progress on the course. Personal tutors will normally deal with personal issues in a confidential way but will involve the Line Manager/Course Director if there is any issue of risk involved or if there is an issue that may affect the trainee's progression on the Course.

- Placements. Each year of training has Year Clinical Tutors. These are the staff to whom trainees would normally turn if there were questions or concerns about placement. Trainees may also raise issues with their mid placement visitor or their personal tutor, but normally the Year Clinical Tutor is the person who deals with issues relating to placements. If there are any major concerns that are relevant to trainees' progression and development then the Line Manager /Clinical Director/ Course Director may be involved.

- Research Supervision. Each trainee will have a Research Supervisor who oversees their Major Research Project. Again, day to day issues of progress and development are dealt with by the supervisor, but if there are any issues relating to progress and development then the Line Manager/ Research Director/ Course Director may be involved.

In all cases, ultimate responsibility lies with the Course Director but other staff on the Course will oversee trainees' progression and development on a day-to-day basis.

7.3 Confidentiality and anonymity

Trainees and Course Staff are bound at all times, including periods in University, by the

rules, expectations and practices relating to confidentiality in the NHS. Detailed requirements regarding confidentiality and discipline as employees are given in the Contract of Employment with the Employer or Job Description issued to each Trainee. Any discussions with other trainees or with Course Staff must be regarded as consultations and may only occur in circumstances that enable strict confidentiality to be maintained. It is important to note that comments made to a trainee, verbal or written, in relation to clinical cases and issues arising from case reports, presentations or from specific consultations with a member of the Course staff, constitute private communications. They should NOT be taken as supervision, guidance or any other form of communication intended to influence the NHS work with that or any other patient. If the trainee wishes to implement any ideas or practices communicated at University, they may only do so in consultation with and with the agreement of their placement Supervisor.

You should take great care when informally discussing your clinical work with each other not to say anything that would in any way breach confidentiality. In addition, all such informal discussions should maintain appropriate levels of respect for clients and for colleagues.

For purposes of case presentations and Case Reports submitted as part of the Course, **all material must be anonymised. There must be nothing in any written work that could in any way identify clients. Breach of anonymity may, at the discretion of markers, be grounds for failing the submission.** There must also be nothing in submitted work that identifies the trainee. The exception to this requirement is the thesis proposal and thesis where trainees' names should be used. When using computers in the Psychology Department, or at home, or any place other than the NHS Department responsible for the patient (which are not protected from intrusion, in the same way that systems in the NHS might be) it is essential that all material be anonymised. False names, addresses and dates of birth must be used. No actual material (notes, letters, etc.) relating to patients may be taken from NHS Departments.

All written information relating to any aspect of Course work should be stored on the encrypted memory stick that will be issued to each trainee at the start of the Course. Any sensitive information contained in, for example, case presentations should only be used from encrypted sticks and not downloaded onto RHUL computers. This memory stick is the property of the Course and will be returned at the end of training, when all information on it will be erased. The memory stick is the responsibility of the trainee and if lost, the trainee will be required to purchase an equivalent to replace it.

Where possible try to maintain a paperless approach to accessing and sharing information – this is in line with our aim of being paperless generally. If you need to print material for meetings/teaching/case presentations that might contain sensitive or confidential information these should normally be printed in the Bowyer building and shredded or put in the confidential waste immediately after use. A confidential waste bin is available for staff and trainees in the trainee computer room for this purpose. Any confidential or sensitive information relating to the Course or clients/NHS services should not be printed or taken outside of the department in hard copy. After meetings and teaching, staff and trainees should make sure any handouts/notes are cleared from the teaching spaces.

All Course-related work once submitted becomes the property of the University. The University, not the student is the data controller. The University does not release any student work to third parties because it would be breaching data protection of the student.

7.4 Attendance

Trainees are full-time NHS employees and normal work attendance practices apply to University activities as well as placement. Trainees are paid to attend teaching by the NHS and non-attendance (without a reason recognised in your NHS employment contract) may result in pay deductions.

Academic Attendance: Attendance at all programmed/timetabled teaching events (online or in person) is compulsory and trainees should attend all sessions on time. Anticipated and unanticipated absences must be reported. These arrangements are in place as a requirement of your employer, Camden and Islington NHS Foundation Trust, and the Course's professional accreditations.

Attendance in lectures and academic activities online requires cameras on and attendance in breakout rooms for exercises, to maximise engagement and development of professional skills.

Trainees are required to register attendance on the RHUL central QR code system for all lectures and we do not have the resources for dclinpsy to add your attendance after a lecture, if you forget to do so yourself. Please remember to register. College central attendance software is easy to access via a QR code.

Academic Non-attendance: All trainees are expected to follow our policies and procedures regarding anticipated and unanticipated non-attendance at lectures.

Unanticipated: If you are unable to attend a scheduled lecture because of acute illness or other personal circumstances on the day, you must notify the DClinPsy Course at the start of the day of absence.

Anticipated: You must obtain permission in advance from the DClinPsy course for absence, giving as much notice as is reasonable given the circumstances. Reasonable grounds for absence must be in line with those detailed in your employment terms and conditions with Camden & Islington NHS Foundation Trust, because you are paid to attend academic lectures under that contract. The Course is committed to supporting trainee's absence resulting from religious beliefs or ceremonies and these should be noted in requests for absence.

A new integrated administrative system for notifying the DClinPsy of placement/academic absence is to be put in place and will be outlined on Moodle. It is not appropriate to contact the lecturer directly regarding attendance and this will not be considered having obtained the Course's permission, for our attendance records.

The University has a responsibility to ensure that all students are attending classes (online or in person) and engaging with their studies. We also have legal obligations placed on us under the Equality Act (2010), UK Visa and Immigration (UKVI) and Student Finance to ensure we monitor your attendance and engagement with studies.

A minimum 80% attendance is required to fulfil the requirements of the DClinPsy (NB. This % is currently under review by the BPS and may change during the duration of your course). Trainees who fall below 80% academic attendance during a term will be required to meet with their personal tutor who, after discussing the reasons for the absences with the trainee, will agree and monitor a programme of work with specified outcomes, to ensure that the trainee can "catch-up" on the missed teaching. This catch-up is normally expected to be

completed by the end of the following term. If by the end of an academic year, a trainee falls below 80% attendance at teaching overall, irrespective of the "catch-up", the Department Assessment Board may be asked to decide if the trainee should be permitted to proceed because they have not met the attendance requirement. If a trainee repeatedly misses more than 20% of the taught programme or has another pattern of absence that gives rise to concern, then that may give sufficient cause for concern to discuss that trainee's progress at the Department Assessment Board.

Placement Non-Attendance: Trainees are expected to attend all of the clinical placement days indicated on their placement grid. All placement absences should be reported to the clinical supervisor in the first instance, following the absence reporting policies of the placement Trust. Trainees are also required to notify the DClinPsy Course. A new integrated administrative system for notifying the DClinPsy of placement/academic absence is to be put in place and will be outlined on Moodle.

Trainees must discuss with their Personal Tutor and Clinical Tutor any placement absence which goes beyond the level of self-certification under NHS employment rules. In the case of extended absence the supervisor and DClinPsy course will reach a judgement as to whether or not the trainee has spent a sufficient total amount of time on a placement to meet their competence targets and for supervisors to form a judgement of clinical completence in order to determine a placement grading. Again, if the Course Executive, on looking at the trainee's overall placement attendance and progress, deems that there has been a significant amount of absence over the placements to date, the matter will be referred to the Department Assessment Board.

Any unauthorised period of absence or absence that is not notified to the DClinPsy (anticipated or unanticipated), from the academic or placement setting, will be treated as unpaid leave and the employer informed accordingly, which may result in salary being deducted.

7.5 Employer Absence Returns

It is a requirement of their employment that Trainees submit a monthly absence return for their employer. Each month the DclinPsy Course will collate absence returns and submit to C&I payroll by the 5th of the month, ensuring that accurate, timely reporting is undertaken to enable the correct salary payments to be made. **Trainees are required to submit their monthly absence return (or Nil return) to the DClinPsyourse by the 1st of each month.**

Absence reported covers annual leave, sickness or special leave. At the end of each month you will be prompted by email to submit your absences for that month via a simple MSForm. Please ensure you complete this absence return immediately, even if you have not had any absences within that month (Nil return). This is a requirement of your employment contract and failure to return this information may result in incorrect salary payments.

7.6 Leave

All trainees are entitled to a period of annual leave detailed in their Contract of Employment with the employer, normally 27 days per year. A leave year runs from 1st April to 31st March. Annual leave allocation will be indicated on your placement grid and must be negotiated with the supervisor in advance and taken in each 6 month placement block. Annual leave cannot

be carried over between placements. Any leave accrued but untaken shall only be carried forward one leave year to the next with the permission of your line manager. With supervisor and Course agreement 5 days leave can be carried over to the second 6 months of a 12 month placement.

Some trainees with a certain amount of previous NHS experience may be entitled to additional leave. The employer will contact trainees if this is the case. Trainees in this position must discuss with their clinical supervisor/personal tutor how they are going to take this leave. The additional leave must be taken proportionately from placement and research days. Rules for leave are as follows:

- Annual leave is to be taken proportionately from placement time and research time. A ratio for each placement is provided in advance of the placement in placement planning grids associated with the Course timetables
- Trainees are entitled to 13 -14 days annual leave during a six-month placement and 27 days during a one-year placement;
- The Course Executive will only approve annual leave from academic days in very exceptional circumstances (e.g., family wedding, attending your research proposal ethics committee). Like all requests, any request for leave on academic days should go to dclinpsy@rhul.ac.uk.
- Annual leave has also to be agreed with placement supervisors and should not be of such duration as to compromise the time requirements for experience in that placement. Planned unavoidable absences from placement should be agreed in advance with a clinical tutor and the placement supervisor;
- On placement, trainees are required to be present for at least two days per week throughout the placement unless they are on annual leave;
- Annual leave cannot be carried over from one placement to another; occasionally trainees on a one-year placement may carry over leave from the first half to the second half of the placement but this would need to be justified by a written application submitted to dclinpsy@rhul.ac.uk, and supported by the supervisor;
- A trainee's entitlement to placement study (1/2 day in five placement days) may not be cumulated beyond one day in a consecutive two-week period.
- Placement study may not be added to annual leave;
- On one-year placements, trainees may not take two annual leave entitlements consecutively (all or part), without the agreement of their line manager and the supervisor.

Full details relating to special leave can be found here. Requests for special leave must be submitted in advance to dclinpsy@rhul.ac.uk.

7.7 Appeals, grievances and complaints

If you have a complaint relating to any aspect of your academic study, you should first discuss it informally with your Personal Tutor, or with another member of staff in the Department. If your complaint relates to a University service or a directorate, please raise it first with the area concerned. We would hope that most issues can be resolved by informal discussion. There are, however, procedures that can be invoked in serious cases. These are set out in the Student Complaints Procedure, which explains how to submit a formal complaint. Please bear in mind that a complaint will not be accepted for formal investigation

until you have first tried to resolve it with the area of the University concerned. You should raise your complaint as soon as possible.

If your complaint relates to an academic decision, the academic appeals process is likely to be the appropriate avenue for resolution. Please note that an academic appeal against a decision of the Board of Examiners can only be submitted once you have received your results via the University portal, and there is a deadline for submission of an appeal. Details of the appeals procedure, deadline and permitted grounds for appeal can be found on the [Academic Appeals Webpages](#).

If you have concerns arising from teaching that you have experienced as inappropriate, insensitive, or discriminatory, feeding this back to the speaker, on the day, is the best approach if at all possible. That being said, we also understand that this is not always possible. Trainees should use the anonymous lecture feedback forms to raise the concern with the speaker and/or the course. It is helpful if all trainees attending the lecture give feedback, as this gives us a fuller picture. Where several trainees raise a similar concern, the academic team will aim to respond to the cohort within 4 weeks of the lecture about what was done, but this time scale may not always be possible. In the interim, the academic team will send a 'holding email' to the cohort.

Because grievances may concern matters of employment practice, or behaviour that is the subject of HCPC Standards of Conduct and Professional Practice or BPS Codes of Conduct and Guidelines for Professional Practice, there will be different procedures to follow. Trainees should familiarise themselves with the policy of their employing Trust concerning employment matters and with the BPS and HCPC codes of conduct.

8   Trainee Development and Personal Support

We recognise that training can be very stressful, especially as the pressures are ongoing over the three years. We therefore try to identify difficulties early on wherever possible and rely on trainees to otherwise inform us when they are beginning to find things difficult, rather than when they hit a crisis. We will then try to help resolve matters. In almost all instances, these difficulties can be dealt with through discussion with the trainee, assisting them to access help or being flexible through providing opportunities for late submission of work via an extension. It is a trainee's responsibility to bring to the attention of Course Staff anything that is affecting their performance at University or on placement.

8.1 Personal Tutors

Each trainee will be allocated a tutor who is a member of the Doctorate staff. The tutor and trainee should meet at least once a term to review progress. The responsibility for arranging the termly meeting rests with the trainee. If the trainee feels it would be helpful to have other meetings with the tutor, these should be arranged directly with the member of staff concerned. These meetings are confidential but brief notes can be kept by both trainee and tutor.

Although the personal tutor will be the main point of contact for a trainee in relation to personal support, trainees are free in particular circumstances to contact other members of staff about personal issues, for example, if the personal tutor has other roles (e.g., research

supervisor) that conflict with their role as personal tutor.

Inevitably, problems will sometimes arise that the Personal Tutor is not qualified to deal with. The University offers a high level of student welfare support which includes a comprehensive Health Centre, a highly regarded Counselling Service, dedicated disability and neurodiversity support department, as well as a wealth of financial, career and other advice. Further details of each service can be found via the links earlier in this handbook.

8.2 Developmental Reviews

This is an annual meeting with your personal tutor to review progress and prepare for the next year. In this process, major aspects of the trainee's work - academic, research and clinical - are specifically reviewed in relation to progress and goals identified for the coming year. In addition, the review also assesses trainees' progress in relation to the relevant Knowledge and Skills Framework dimensions. The Developmental Review leads to a Personal Development Plan, which will be developed and reviewed annually.

8.3 Confidentiality and Sharing of Information

We encourage trainees to openly discuss with Course staff or supervisors any special needs, health or personal concerns which may impact on their work. The Course operates on a principle of respecting trainee's confidentiality in relation to personal issues. However, there are instances where information given to a member of staff (e.g., personal tutor, placement visitor, clinical tutor) will need to be shared with others, usually another member of staff or a clinical supervisor. Similarly, supervisors, who are very often the first to become aware of signs of stress or ill health, have a duty to share information with Course staff. In brief, if there is information that is pertinent to a trainee's fitness to practice or likely progression or failure to progress on the Course then that information will need to be shared with another team member or members. If information is pertinent to the trainee's performance or likely performance on placement then the information may need to be shared with a clinical supervisor. If there are issues of safety (own or others) then that is a situation where information will need to be shared. The staff group work on a principle of sharing trainees' personal information among themselves or with supervisors only where there is a need to know, only the particular information that is needed to inform decision making and we will always seek to do so collaboratively with the trainee. In accordance with BPS & HCPC Professional Guidelines Trainees have a responsibility for monitoring their fitness to practice and identify support that may be required.

8.4 Buddy System

One of the best systems of support for trainees is that provided by other trainees. Each trainee joining the Course will be linked to a trainee from the immediately preceding year who will act as a guide to the Course and its facilities. The "buddy" is not a substitute for the Personal Tutor and acts purely in an advisory or consultative role. Any actions taken by the new trainee remain the responsibility of that trainee and not the "buddy". Hence, if at all in doubt, the trainee should consult with a member of the Course staff. The "buddy", at their own discretion, can make their personal/home telephone numbers available.

8.5 Personal (Independent) Advisor

Each trainee will also have access to Independent Personal Advisors, most likely a Regional

Supervisor, who has not supervised, and who is unlikely to supervise, the trainee. The Independent Advisors can be contacted for confidential consultation. The fact of these meetings is also confidential (no requirement to inform any member of the Course Staff that a meeting is pending or that one has taken place), and the procedures to be adopted (keeping notes, informing others, or not doing so), agreed between them in advance. Note that the Personal Advisor, once apprised of the matters brought by the trainee, will exercise their personal and professional judgement with regard to actions they might need to take in the interests of the safety of the trainee, any of the trainee's clients, or of the integrity of the Course. Details of special advisors who are willing to deal with issues that arise because of a trainee's sexual orientation or ethnic background will be made available through the Course.

8.6 Parents and Carers Support Scheme

Trainees from the three North Thames courses (Royal Holloway, UEL, UCL) who are parents or carers themselves have also been supported to be in contact with each other, as a means of developing a peer support network. As a peer support network, it is not something formally facilitated by the courses, and it is the responsibility of trainee members of this network to use this as they wish, however trainees are reminded regularly by course tutors about the existence of this potential source of peer support for trainees who are parents/carers. If trainees are interested in being put in contact with the other trainees, they are advised to let their personal or clinical tutor know, who can share their contact details with the coordinator of this scheme at UCL, who can put the trainees in contact with each other. Trainees can join this network at any time during their training.

8.7 Reflective Practice Groups

Trainees attend a reflective practice group which meets a number of times over the Course. Usually the groups consist of 8-12 trainees and membership remains stable over the Course. The aim of the group is to provide a space for reflection on the process of clinical training and the impact of training on the individual and the group, allowing trainees to gain insight into their thoughts, emotions, and behaviors, and empowering them to take deliberate action towards change and development as clinical professionals. These groups also aim at providing a space to consider issues of equity, diversity and inclusion from personal and professional perspectives, and increase confidence to raise such issues within clinical work. The groups are facilitated by an external facilitator and discussions remain confidential within the group, except in the unlikely circumstance that the safety of a group member or others is deemed to be at risk, when the facilitator will inform Course staff.

8.8 Health and Mental Health

Normally, use should be made of the GP with whom the trainee is registered. The University has a Student Health Service that can be accessed by the trainee in the event that they are taken ill while on campus. As members of staff of the employing NHS Trust, Trainees are entitled to the usual staff facilities available in that Trust to deal with mental and physical health needs. Trainees should find out from Supervisors what to do if they become ill on placement.

The University has special arrangements for counselling or psychiatric consultation through the student health service. Other routes to help, for instance through the Trust, are available

and may be the more appropriate channel. Trainees can self-refer to the Trust Occupational Health Service or can be referred by Course Staff. Trainees should consult their personal tutor for advice about the best way to deal with any mental health/well-being issues. Trainees may wish to organise personal therapy for themselves and one way to do this is through searching therapist directories (e.g., BPS, BABCP, BACP). Trainees are advised to check therapists are accredited and accountable to a regulated professional body.

9   Standards and Feedback

To maintain and, wherever necessary, enhance the quality of the training provided, all aspects of the Course are subject to on-going monitoring. Several mechanisms have been put in place to enable this to happen effectively.

- Trainees can raise issues with any of the Doctorate staff or the Course Administrator, about arrangements, facilities and other Course-related issues, at any time.

- A staff-student action meeting takes place each term.

- "Constructive Feedback" forms are completed electronically and submitted online. These forms must be completed after each teaching session and constructive feedback passed on to the speaker. We appreciate that this requires time and effort from trainees but it provides valuable quality monitoring information for the Course. It is an expectation that all trainees complete feedback for each session.

- Outside speakers are asked to complete feedback forms about the quality of preparation by the Course for their visit and reception, as well as facilities for teaching and the responsiveness of Trainees.

- Each cohort selects (a) representative(s) from the cohort. It is possible for one (set of) rep(s) for the whole year or the cohort may prefer to rotate each term. This role is to act as a liaison between the cohort and the staff, where there are general cohort issues rather than individual trainee issues to be discussed. The cohort rep(s) also attends the termly student-staff meetings and gives a report to the Course Management Committee. Some guidance about the role of the cohort rep. and giving feedback is given in Appendix 2.

- External Examiners are appointed to oversee and take part in the Course's assessment process. These individuals, usually staff from other training courses, ensure that standards are appropriate and that marking is fair.

Course staff welcome feedback, particularly if it makes practical proposals for alternatives. The Course Executive will consider all feedback in planning future teaching and other arrangements.

10   Personal Safety and Security

10.1 Personal

The University has a 'Lone Working Policy and Procedure' that can be found on the [Health and Safety Web pages](#). Lone working is defined as working during either normal working hours at an isolated location within the normal workplace or when working outside of normal hours.

Any health and safety concerns should be brought to the attention of the Departmental Health and Safety Coordinator or the University Health and Safety Office.

You should make yourself aware of the fire exits and procedures, any procedures for the storage of valuables and what to do if clients appear to be posing a threat to you or themselves, and related matters.

10.2 Reporting unacceptable incidents

You can report, anonymously or by name, any misconduct (e.g. bullying, harassment, assault, hate crime and discrimination) that you have experienced or witnessed through the University's [single portal](#) for reporting such incidents. Sources of support are also available through the portal.

The University is committed to upholding the dignity of the individual and recognises that harassment can be a source of great stress to an individual. Personal harassment can seriously harm working, learning and social conditions and will be regarded and treated seriously. This could include grounds for disciplinary action, and possibly the termination of registration as a student.

The University's Student Conduct, and Dignity and Respect regulations can be found [here](#).

10.3 Possessions

It is also important to be familiar with the arrangements in operation both in University and on each placement to ensure security of personal possessions and items of equipment. In particular, you should keep valuables with you at all times or locked up in a secure place.

10.4 Personal information

Trainees are strongly advised not to make their home addresses or phone numbers accessible to the general public. It is advisable to be ex-directory and also use the number withheld facility. There is also a tick box on voting forms so that you are excluded from the published copy of the electoral role.

Trainees are strongly advised to be careful if registering for and using any social networking sites. It is advisable to limit what friends can see on your profile and ensure you follow the site's guidelines on privacy.

11 Resources

We aim to ensure that trainees have at their disposal for purposes of study the books, tests and other materials needed, including multiple copies of essential publications and tests. Trainees should make their needs for any special materials known to the Course

Administrator.

In order to ensure that resources are maintained, each trainee will be financially responsible for any materials they borrow from the Department.

Note that the Course does not pay for any books purchased by the trainee but trainees are encouraged to let Course staff know of any books that it would be worthwhile to have in the Course resources.

11.1 Libraries

The Library Service provides access to a variety of resources including books, e-journals, e-books and databases. Details of resources, along with opening times and regulations can be found on the Library webpages.

If you cannot find the specific items that you require in the libraries, it is possible to order items from other libraries by inter-library loans or to gain access to Senate House Library or other university libraries.

The Library provides a range of training sessions, as well as one to one sessions, designed to enhance your existing library and research skills. These are available in both class-based and self-study formats. For information on available sessions and to book a place contact library@rhul.ac.uk or call 01784 443823.

The **Research Support Team** in the Library provides support on research information including copyright, Open Access publishing, developing your research information profile and useful services. The team can also provide advice for meeting research funders' requirements regarding Open Access.

The team works with the Information Consultants to provide support throughout the research information cycle, from researching bids through to searching and accessing information for articles, books and other outputs through to submission of the PhD thesis and future career plans.

Royal Holloway theses are also available via Ethos which is the British Library's electronic theses service which contains approximately 400 000 records of UK theses including 160,000 available for immediate download of the full text.

You will also have access to the following libraries:

- **Senate House Library** (Malet Street, London, WC1E 7HU. Tel: 020 7862 8461) This is the central library of the University of London, where you can borrow up to twelve books with a library ticket which you can obtain using your RHUL University ID card.

- **The British Library** (96 Euston Road, London, NW1 2DB. Tel: 020 7412 7000) The British Library is the national collection and holds copies of all books published in the UK and Ireland, alongside an extensive collection from other countries. It also has an impressive collection of medieval and modern manuscripts. A Reader Pass will be issued subject to your need to see specific items in the collections. Other libraries or

sources may be more appropriate to your research and the [Reference Enquiry Team](#) will advise you accordingly.

- [SCONUL Access Scheme](#) Royal Holloway participates in this national university access scheme which allows students to use other university libraries in the UK.

Library Information Consultants are here to help you develop your research, critical evaluation and referencing skills throughout your studies at Royal Holloway. You may meet your Information Consultant through a lecture or workshop during your studies, and you can book a one-to-one appointment with your Information Consultant via the [Library's webpages.](#) There is also a Moodle page for the [Library](#) that walks you through and teaches you research skills you need to succeed at university.

11.2 Course test and book library

The Department has a Test and Book Library for the Doctorate which trainees can use for reference only. Books are located in John Boywer 1-12 and should not be removed form the building. More recently we have been supporting additional electronic resources available on Moodle so they are more accessible for all trainees on and off campus.

The Course adheres to the Guidelines of the American Psychological Association with regard to the use of test materials for post-graduate training.

Test material and record sheets may not be used for clinical purposes in the NHS because of issues of liability and legal agreements governing purchasing of test materials for teaching purposes.

11.3 Equipment

Other equipment, such as stopwatches, digital recorders, and so on, can also be borrowed from the Department or the Course. These materials are covered by the same arrangements and regulations as test materials. The Course also has some laptops that can be borrowed for particular purposes, for example, testing research participants. You will need to contact the admin team on dclinpsy@rhul.ac.uk at least a week in advance of borrowing equipment so we can organise collection of the items.

11.4 IT Support

Psychology has dedicated IT staff who can provide support: Can Keles and Saaria Sohail. They can be found in Electron Microscopy Unit (EMU) 6, reached via 01784 443700 or 01784 443527 or contacted via itservicedesk@rhul.ac.uk flagging the email for attention of Can and Saaria. If you are having an ongoing IT issue please make the admin team aware via dclinpsy@rhul.ac.uk.

11.5 Workshop and conference support

A limited amount of money is available to support trainees' attendance at relevant workshops and conferences. Trainees should make an application to the Course Executive (via email to dclinpsy@rhul.ac.uk) if they feel that they have a case for support, for example, if there is a particularly useful workshop or conference they wish to attend. This email should include

information about the event and why it is relevant/helpful. The Course Executive would like to facilitate participation in these activities and will consider each case on its merits. However, as there is a limited amount of money available the Course will support only 75% of the cost of any conference/workshop, with the remainder having to be contributed by the trainee. It is also unlikely that more than £100 will be provided in total in each year, with the exception being where trainees are presenting their thesis research at a conference, in which case 75% of the cost up to a maximum of £200 will be considered.

In applying for funding for conference and related events:

1. It should be noted that no funding is provided for events that take place during the Academic Term on teaching days.

2. Trainees should take regard of what is more suitable as a Post Qualification Continuing Professional Development event and what is of immediate relevance to their current, Pre-qualification needs. Not all conferences are relevant to the latter and the Course Executive will take this into account in deciding on funding.

3. Trainees who wish to attend meetings without Course financial sponsorship can do so if specifically agreed by their placement supervisor, if the event occurs during a placement day.

4. For popular events, funding will be allocated on a 'first-come first served' basis for a maximum of 3 individuals. Provided the application is consistent with 1 above, consideration will be given to funding according to the usual formula.

5. Trainees given funding by the Course for an event will be asked to prepare a handout (one-page max.) for the cohort, summarising the key learning points. Several people attending the same event will need to collaborate on preparing the document.

6. Special consideration will be given to requests to attend events if the trainee is presenting a poster or a talk based on their research (main project, SRRP). Please note you must submit your reimbursement request while registered on the course, even if you are presenting after you finish the course.

The use of funds to support the major research project is dealt with in the Research Handbook.

Trainees should make all requests for funding to attend conferences/workshops to the Course Executive via the Course Administrator at dclinpsy@rhul.ac.uk. The requests should include information about the event, and confirmation that their placement supervisor would support their attendance.

12   Course Committee Structure

The Course has a number of committees, designed to help it meet the professional and academic requirements. In addition to the Course Executive, there is a Course Management Committee, consisting of Course staff and NHS clinical psychologists. This committee reflects the partnership nature of the Course. Trainee representatives also attend the Course

Management Committee and present reports. Further committees reflect the academic, clinical and research components of the Course. A full description of the Course committees is given in Appendix 3.

13 Appendix 1 Terms of Reference - SUCIG

**Terms of reference – Service User & Carer Involvement Group (SUCIG)
Doctorate in Clinical Psychology, Royal Holloway**

Background

SUCIG was established in 2005. Service user and carer involvement is seen as integral to the Doctorate in Clinical Psychology at Royal Holloway, and is highly valued by both trainees and staff. The ethos of SUCIG is collaboration, support and transparency. We recognise, respect and value that each member of SUCIG, whether there as a service user or carer representative, staff member or trainee, brings their own lived and living experience to the group. Whilst the SUCIG group itself forms the foundation of how we involve people with lived experience in the Doctorate, there is additional involvement from other Experts by Experience, notably in teaching, selection and assessment.

The remit, roles and responsibilities of the SUCIG group

The SUCIG acts as an advisory group to the course, available to consult and advise on specific initiatives to increase and improve service user and carer involvement on the Royal Holloway clinical psychology doctorate. The remit of SUCIG and EBE involvement on the course, is to embed learning from the lived experience of those with mental health difficulties, and their carers, in the training of clinical psychologists, to ultimately improve the experiences of the clients that clinical psychologists serve now and in the future. The course aims to embody the spirit of co-production in the way it involves Experts by Experience in each aspect of the course. Therefore, SUCIG liaises with clinical, academic, research and selection tutors, to provide input and co-produce various initiatives across the course.

Some of the initiatives SUCIG has been / continues to be involved with are as follows:

- Contributing to Selection process, through developing specific interview questions and criteria for rating responses, and participating in the specific service user and carer interview panel (since 2016)
- Generating and feeding back on ideas for increasing involvement opportunities (e.g. increasing involvement opportunities on clinical placements, developing resources to support trainees with involvement on their placements)
- Contributing to the development of the academic curriculum, through involvement as part of the External Curriculum Review Group, reviewing teaching sessions that do or could involve service users and carers, and commenting on teaching sessions.
- Contributing to the assessment of clinical skills as part of the teaching course, through observing and giving feedback to trainees on their clinical skills as part of the Clinical Interview Skills Assessments.
- Contributing to / co-facilitating teaching sessions.
- Involvement in research initiatives

SUCIG Membership

SUCIG consists of a core of (currently) ten EBEs, one of whom chairs the group meetings, together with trainee representatives and a staff member who facilitates and supports the group:

- Service users and carer members come from a wide range of backgrounds. Service user and carer members are expected to commit to attendance for at least one year, although new members are welcome to first join initial meetings of SUCIG before deciding if they wish to commit to joining the group. Service user and carer members are typically involved with a wider service user and carer or self advocacy group, to ensure a structure and network of additional support that the person can access.
- Trainee members are expected to commit for their 3 years of training to aid continuity for the group. We have 2-3 trainee members from each of the three year cohorts, therefore 6-9 trainee members in total at any one time. Trainee SUCIG members are expected to represent their cohort, which may involve trainees asking for feedback from or giving feedback to their wider cohort in between meetings.
- For continuity, we have one consistent staff member (Kate Theodore, Senior Lecturer) who remains in the role of coordinating SUCIG. In addition, other staff members on the Doctorate will also liaise with SUCIG and Experts by Experience as relevant to the involvement in different aspects of the Course. For example, one Admissions Tutor is responsible for liaising with SUCIG and other people with lived experience in relation to selection of trainees.

Over time, SUCIG has expanded its membership to attempt to be as representative as possible both in terms of diversity of service users and carers attending and geographically across the North Thames region. The representation of the group will continue to be reviewed.

To support the expansion of EBE involvement activities across the Course, there are additional EBEs associated with the Course, who do not attend the core SUCIG group meetings, but who contribute to other areas of involvement in the course, such as teaching, selection and assessment.

Chairing

The SUCIG group is chaired by an Expert by Experience, Peter Jones, IBUG and founder member of SUCIG.

Administration

The meetings of the group are administered by Kate Theodore (Senior Lecturer). Minutes of each meeting will be taken either by a trainee or staff member attending, with minutes circulated by email (or post if requested). More accessible / easy read minutes will be made available as required.

Decisions

Decisions at SUCIG meetings will be made by consensus. Kate Theodore will also feed back key points and suggestions to the course team and update the group on any actions or decisions at the subsequent meeting.

Frequency of meetings

The SUCIG group itself meets 4 times per year. In addition to this, there are other Course meetings which SUCIG members regularly attend and contribute to.

14   Appendix 2 Staff-Student Action Meeting (and academic representation)

SU Course Rep information

We want to hear your views on the way your department operates, which is where the academic representation system comes in. It is a collaborative partnership between the Students' Union and the University that relies on student volunteers from within your cohort to represent you and ensure you receive the highest quality educational experience possible. Cohort representatives are chosen by the cohort.

Course Reps work on ensuring your degree programme is everything you expected it to be, Senior Course Reps are responsible for providing feedback to staff, elected School Reps work across several departments to instigate change, while the VP Education works across the wider University.

The Staff-Student Action Meeting takes place at least once a term and plays an important role in the department as a forum for sharing student feedback, identifying solutions and ultimately creating positive change.

As a new or continuing student, you can volunteer as a Course Rep for your chosen degree programme when recruitment opens in September, or as a Senior Course Rep in Summer Term. Volunteering as a rep gives you the chance to directly influence what happens on your course and give a voice to your peers.

Departments will provide details of forthcoming elections or the names of current representatives, but you can also find out more on the Students' Union website.

Course Cohort Rep information

Course cohort representatives are chosen by the cohort. Each cohort normally has a minimum of two concurrent reps who share the load between them (more depending on the cohort size). The period of acting as rep can range from one term to one year, with longer being better. Reps play an important role in being a link between the Course and the cohort. The role involves:

- Receiving messages from the Course administrator via regular short meetings to feed back to cohort.
- Attending and collating trainee feedback for the Staff-Student Action Meetings.
- Writing a report of trainee feedback for the CMC meeting, attending the meeting and presenting the report.
- Meeting Course staff where necessary about other queries and issues.

An important role is liaising closely with the Course Administrators in order to be able to pass on any information that the Course staff wishes to communicate to the cohort. Reps can also communicate with Course staff, particularly the Course Director, about any issue that is concerning the cohort.

Because reps change, sometimes termly, it is helpful to identify in advance the reps who will follow on, meaning that current and future reps are all able to attend meetings, ensuring continuity and greater representation at the meetings.

15   Appendix 3 Governance and Course Committees

The Governance of the Course is through both internal University structures and external structures in the NHS. The staff team report strategic direction, planned changes and any concerns to a variety of Course committees, with student particpation at most of these.
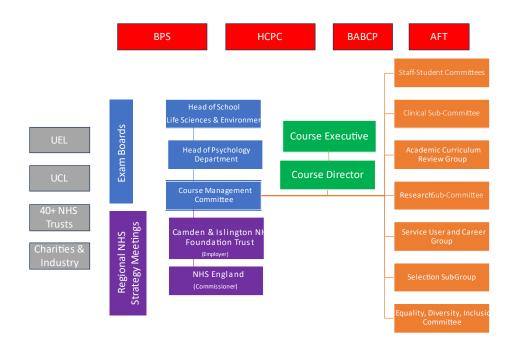
Figure 1: DClinPsy Course Stakeholders and Governance Structure

15.1 The Course Executive (CE)

The Course Executive is responsible for the day-to-day running of the Course and comprises members of the Course Staff. It currently meets fortnightly. All decisions affecting trainees come through the CE. The CE has an overview of the progress of all aspects of all trainee activities including coursework, examination grades, attendance and placement performance.

If a trainee has a request to be considered by the Course Executive, they should submit it via email to the Course Administrator via dclinpsy@rhul.ac.uk.

The CE decides what to bring to the attention of the Department Assessment Board. The CE has a responsibility as the primary 'gate-keeping' mechanism for entry into the profession. Hence, it is entitled to bring to the attention of the various University, NHS or other bodies, any concerns it may have about the suitability of a trainee to continue training or to enter the profession.

Summary of Roles
- To be responsible on a day-to-day basis for, all aspects of the running of the Doctorate.

Accountability:
To the Course Management Committee (CMC) and the Head of Department/School, through the Course Director

Membership:
Chair: Course Director
Academic Staff
The Course Administrator (in attendance).

Frequency: Fortnightly

15.2 The Department Assessment Board (DClinPsy DAB)

The Course Department Assessment Board meets in July of each year. It is made up of all members of academic staff on the Course and External Examiners.

Each trainee's progress is reviewed, and decisions are made about the trainee continuing on the Course or, in the case of third year trainees, about the award of the doctorate. This decision is based on the trainee's performance on all of the assessed areas of work in the preceding year, as well as their general conduct. Failure to complete all the year's normal requirements before the meeting of the Department Assessment Board will be dealt with by the Board. The Board dealing with third year trainees normally makes decisions about recommendation of the award of the doctorate. In most cases, the recommendation for the award of the doctorate is conditional, as at the time of the meeting not all requirements will have been met (e.g., thesis revisions or final placement evaluations).

Composition:
- Chair: Head of the Psychology Department or his/her nominee who is also a senior member of the Academic Staff of the Department of Psychology
- External Examiners
- Academic Staff
- The Course Administrator (in attendance)

15.3 School/College Progression and Assessment Board (SPAB)

The School Progression and Assessment Board meets a number of times over the year and makes the decision about the award of the degree. It receives recommendations from the relevant Department Assessment Boards about the award of degrees. Candidates who have met all the requirements for the award of the DClinPsy will be presented at the soonest available School Board (normally October). After the School Board has decided to award the degree the University will write directly to the trainees concerned confirming the award. Meanwhile, the Course will write to HCPC to confirm that the trainee has met requirements. The graduation ceremony will normally be held in the December following completion, though the award of the degree is from when a trainee receives the letter from the University.

15.4 Course Management Committee (CMC)

Summary of Roles:

- To be responsible overall for the general policy of the Course and for monitoring the performance of the Course on behalf of the University, the NHS purchasing organisation, and regional supervisors and other groups who have an interest in the Doctorate;
- To provide a forum for discussion of strategic issues for the Course, particularly in relation to developments in the NHS;

- to provide support for the Course Director and Course Executive;

Accountability:

To the University through the Head of the Department of Psychology.

Membership:
Chair: NHS Trust Lead
Academic Staff
The Course Administrator (in attendance)
Service User & Carer Representatives
Representatives of the Regional Psychologists covering the placement area and different specialist practice areas
A representative of each trainee cohort
A representative of other, related professional courses (CBT Diplomas).

Frequency: Annual

15.5 Academic Curriculum Review Group

Summary of Roles:
- to review how well the current curriculum meets the Course learning objectives;
- to present the current recommendations of the Internal Annual Curriculum Review;
- to consider any developments in research, practice, or NHS organisation and policies that need to be reflected in the curriculum.

Accountable:
To the Course Executive

Membership:
Academic Director (chair)
Academic Tutors
Trainee representatives
Service User & Carer Representatives
Clinical Psychologists from the region (some, but not necessarily all, representing the SIGs)
NGO representatives
other appropriate persons agreed by the Course Executive.

Frequency: Annual.

15.6 Clinical Sub-Committee

Summary of Roles
To be responsible for:
- All matters relating to the course of clinical placements and practice;
- In collaboration with other training courses in the Region, ensuring that each trainee has timely, appropriate, properly supervised and regularly monitored placements;
- Contributing with other Courses in the Region to recruiting and training supervisors; and

- Ensuring that there are adequate mechanisms for dealing with problems that arise in placements.

Accountability:
To the Course Executive

Membership:
Chair: Clinical Director
Clinical tutors
Associate Clinical tutors
Trainee representative
Service User & Carer representatives
Representatives of Regional Supervisors
Placements Administrator (in attendance)
Relevant Course Consultants (as required).

Frequency: Annual

15.7 Research Sub-committee

Summary of Roles
- All matters relating to the research training on the Course;
- To review trainee progression on research;
- To review existing research procedures
- To consider relevant changes in the NHS and implications for trainee research projects.
- To consider relevant changes from accrediting bodies and implications for trainee research knowledge and skills.

Accountability:
To the Course Executive

Membership:
Chair: Research Directors
Research Tutors
Representatives of Regional clinicians;
Research administrator (in attendance)

Frequency: Annual

15.8 Equity, Diversity, Inclusion and Anti-racism Committee
Summary of Roles
- To promote equality, diversity and inclusivity.
- To develop and monitor the Course Strategy to enhance coverage of EDI within all aspects of clinical psychology training – to be available to all on Moodle
- To review Academic curriculum; course culture and values;
  selection; research; placements (includes supervisor training); trainee support; staff recruitment and development from an EDI perspective

Membership:
Chair: EDI Lead
EDI Representatives (two trainees from each cohort): Secretaries
Staff Diversity representatives from Academic/ Research / Selection/ SUSIG and Clinical Teams.

Accountability:
- To the Course Executive
- Varied agenda - Agenda items are generated through individual discussions between trainee diversity reps and their individual cohorts, and from Course Executive meetings

16 Appendix 4 Assessed Work: Guidance, Learning Outcomes, Mark Sheets and Grading Criteria

All work is graded as simply pass/fail. The borderline for a pass mark is equivalent to a mark of 50%.

16.1 Essay

The aim of the Essay is to provide evidence of the ability to review and critically appraise an area of clinical psychology

Specifically, the essay should demonstrate that the following learning outcomes have been achieved:

- Ability to identify and review literature relevant to the question;

- Ability to think critically and evaluatively about the literature;

- Ability to synthesise the literature to come to a conclusion in relation to the question;

- Ability to communicate using appropriate style.

Word count: 4000 maximum.

General marking guidance - Essay
A pass grade would show the following:
This piece of work shows knowledge and understanding of psychological theory and evidence. The literature reviewed is at least reasonably comprehensive, moderately well described. Research skills are in evidence, and should include identifying and critically appraising research evidence relevant to practice. Good consideration is made of issues of difference and diversity and how these impact the clinical field and/or research base. Material is brought together in a way that attempts to provide an answer to the question. The material is reasonably organised and standards of communication and presentation are very high.

A fail grade would show the following:
This piece of work shows limited or very limited knowledge and understanding of psychological theory and evidence. The literature is not adequately covered, not well described and its relevance to the clinical area in question not made clear. The clinical area in question is not clearly outlined. The application of the literature to the clinical problem is limited in its insightfulness and thoughtfulness. Adequate research skills are barely in evidence, for example, identifying and critically appraising research evidence relevant to practice. Limited consideration is made of issues of diversity and difference and the impact of this on the clinical field and/or research base. The material is not well organised and standards of communication and presentation are low.

16.2 Clinical Exam

Section A

The aim of Exam Section A is to provide an opportunity to demonstrate knowledge of the psychological theory and evidence required to underpin clinical practice.

Section A should demonstrate that the following learning outcomes, where appropriate, have been achieved:

- Ability to describe briefly the main symptoms and features of a range of common psychological problems;

- Ability to describe briefly the main assessment and intervention approaches to a range of common psychological problems.

Section B

The aim of Exam Section B is to provide evidence of the competent application of clinical and professional knowledge to hypothetical professional and ethical issues.

Section B should demonstrate that the following learning outcomes have been achieved:

- Ability to identify relevant clinical and professional issues, including appropriate consideration of issues of:
  - Diversity
  - Ethics
  - Boundaries
  - Confidentiality
  - Therapeutic alliance
  - Risk
  - Public policy and legislative issues
  - Multi-disciplinary work

Exam Grading

There are 40 points allocated for Part A (10 marks per question) and 60 points allocated for Part B (30 marks per question).
Parts A and B are marked separately. It is necessary to pass both sections in order to pass the exam. This means that you must reach a mark of 50% or above in both Part A and Part B in order to achieve an overall pass.
If one section only is failed, that section (but not the section that was passed) will require a resit.

16.3 Report of Clinical Activity (RCA)

The aim of an RCA is to provide evidence of competent clinical and professional skills, informed by knowledge and understanding of psychological theory and evidence.

Specifically, the RCA should demonstrate that the following learning outcomes have been achieved:

- Ability to describe the referral process and content (including appropriateness, given the service context);
- Ability to describe clearly the assessment procedure, showing evidence of competence in assessment skills to obtain a range of assessment information, including assessment of risk;
- Ability to integrate assessment material and relevant psychological knowledge to provide a coherent individualised formulation (as well as an alternative formulation and reformulation) that can be shared with and understood by the client and other professionals;
- Ability to plan and carry out appropriate intervention following on coherently from the formulation, or to suggest an appropriate intervention if the case relates to assessment only
- Ability to show flexibility and problem solve throughout the course of the intervention (e.g., amending the formulation as more information is gathered and using this to guide further intervention) as well as understanding and responding to obstacles to change;
- Ability to evaluate the course and outcome of the work undertaken, including evaluating therapeutic outcome with selection of appropriate evaluation methods/measures and reasoning about treatment decisions (initiation and termination of treatment, onward referral);
- Ability to reflect on the work undertaken, including personal and professional reflections, self-awareness and sensitivity, respect for clients, awareness of diversity, the therapeutic relationship (including consideration of power) and service-related issues;
- Ability to maintain professional standards (e.g., respecting confidentiality and obtaining informed consent, exercising a professional duty of care; demonstrating appropriate levels of initiative, autonomy and responsibility as well as use of supervision; practising within legal and ethical boundaries);
- Ability to communicate using appropriate style.

Markers should take into account both the trainee's stage of training and the complexity of the case being discussed.

One of the RCAs is a Reflective Practice Assessment, where the learning outcomes, format of the Report and the marking criteria are different (see below).

Word count: 4000 maximum for both standard RCA and RPA

General guidance

RCAs should demonstrate the breadth and depth of candidates' clinical competence. The aim is to be able to demonstrate your ability to take into account and be sensitive to the varying characteristics of clients (or systems) that you work with. There are a number of dimensions to take into account, the main ones being shown in the grid below.

The requirement is demonstrable diversity along these dimensions. Obviously, it is not possible to have all aspects of diversity demonstrated but you should try for as much diversity as possible. However, your RCAs must contain working with a client under the age of 16.

Some examples of suitable clinical activities for RCAs are: individual and group work with clients; working with families; indirect work with clients' carers; teaching courses to clients, staff or carers; service development; and consultancy, crossed with some of the other aspects of diversity. At least two of the RCAs must include reports of direct intervention work. If there are any uncertainties about choice or RCAs, please discuss with one of the Course tutors.

To help you think about whether your RCAs are sufficiently diverse, use the grid below. Essentially, the X marks should be spread as much as possible within any section rather than forming horizontal lines.

RCA Diversity Grid

	RCA1	RCA2	RCA3
Approach - CBT - Systemic - Assessment - Psychodynamic - Integrative			
Gender - Male - Female - Other			
Age range - under 16 - 17-65 - over 65 (or if younger then issues of aging)			
Normal range of intellectual functioning Impaired level of intellectual functioning			
Ethnicity - White - Other (being specific about the particular ethnicity)			
Format - Individual - Group			

- Couple or Family - Consultation			
Presenting Problem - predominantly anxiety - predominantly mood - Other			

There are no fixed rules about how much diversity is enough and it is not possible to quantify it. But, you should try to ensure as far as you possibly can that your RCAs represent the range of work that you have done. If you are on a year-long first placement, do not make it more difficult for yourself by doing two very similar reports as your first two RCAs (e.g., CBT with a white adult presenting with anxiety).

The length (excluding references and Appendices) should not be more than 4,000 words. A word count for each Report must be included on the cover of the Report. The Reports of Clinical Activity should be typed, paginated and follow the format specified in the APA Conventions detailed in the Appendix. Information identifying clients, the trainee, other professionals and institutions must be removed.

RCAs could be structured according to the areas listed in the learning outcomes or using any other suitable systematic framework. Variations in this structure that fit particular reports are acceptable but candidates should present their work in a coherent, integrated way. For example, reports centred on service delivery or group working may follow a different format of assessment, formulation and intervention than individual direct clinical work. It would be appropriate to reflect this in the structure of the report; however, some consideration should be given to these areas and a discussion of how they could be applied in the context in which the trainee is working.

In addition to the areas covered in the learning outcomes and marking criteria, the following points should be considered:

(a) An Abstract must be included. This should be signed by the Supervisor to indicate that the client(s) was dealt with by you under their supervision. This signed Abstract should be submitted in the standard format shown in Appendix 7. The purpose of the abstract is to allow clinical supervisors to confirm that you have undertaken this piece of work, without reviewing or commenting on the complete RCA; the abstract will not be marked and should be submitted separately to the main body of the RCA. The Abstract should be submitted to the Abstract submission box on Moodle and not as part of your RCA submission to the RCA submission box to retain anonymity. There is no word count for the Abstract.

(b) The following statement of confidentiality on the title page must be included:

'The subject of this report, or a responsible carer, was informed in advance and did not object to their anonymised personal and other details relating to the work undertaken potentially being included in a report produced for training purposes'

It is acknowledged that in some instances it may not be appropriate to gain written consent due to the nature of the clinical setting; for example, instances where consent cannot be gained due to capacity issues. Please refer to the Placement Handbook (pages 19-23) for details of how to approach such cases and how this should be presented in the report.

(c) A brief statement of how and/or why the problem came to the candidate or his/her Supervisor.

(d) An initial assessment, which might include information from interviews, case notes, meetings, telephone calls, psychometric measures, observation or daily diaries. Such assessment should form the basis for subsequent action, including assessment of outcome. The source of specific assessment information should be clearly stated. For a neuropsychology assessment RCA, it is important to review the literature relating to any diseases/syndromes which are diagnosed or being considered, and their neuropsychology profile. Consider the initial assessment information in this context. In contexts where the RCA is not a direct piece of individual clinical work, it will be important to consider how some of the sources above have contributed to subsequent formulation and intervention.

(e) An initial formulation, which consists of a comprehensive statement about how the problem was understood after the assessment phase (or during the early stages of

assessment if the whole intervention involved an extended assessment). Such an initial formulation may fail to fully reflect the case but should lead coherently to the initial interventions. The formulation should draw on and reference psychological theory (such as CBT or systemic models) and research to demonstrate your application of theory and evidence to practice. This should lead to the corresponding interventions associated with the chosen theory. There should be no significant information in the formulation that has not been outlined in the assessment section. In the case of a group, an explanatory account of the common features of the problem shared by group members, or an individualized formulation of one member of the group should be provided. For a neuropsychology assessment RCA, this formulation section should come before the main cognitive assessment.

(f) Alternative formulations should be identified and reasons given as to why the chosen formulation was preferred. Alternative formulations need not be from within a different theoretical framework.

(g) An action plan, following logically from the initial assessment and formulation of the problem. This action plan might involve further detailed assessment, and/or an outline of therapeutic intervention, and/or proposals for service development, and/or an outline of teaching programme. Where relevant, it should refer to the professional and ethical issues raised. Consent to treatment should be considered in cases where the capacity to consent might be an issue, It is important to demonstrate understanding of the links between theory, research and practice in this section. For a neuropsychology assessment RCA, the test used in the cognitive assessment should be fully explained, cited and justified. If it is the standard battery for the service, this should be made clear and possibly further discussed in a reflection section.

(h) Every report should consider the question of outcomes; describe the outcome measures used and why these were chosen. This may be a short section in a neuropsychology assessment RCA. The outcomes could be patient or team information/education.

(i) A description of how the action plan was implemented. Although not a verbatim account, this should provide enough detail and/or examples to enable the examiners to have a clear picture of which procedures were implemented and how the work has progressed. For a neuropsychology assessment RCA, this should be a full account of the cognitive assessment, scores and interpretation. Do not rely on documents in the Appendix for information essential to the case report.

(j) A description of what was achieved. This might include accounts and/or measures of change in many areas (e.g., psychological functioning, skills, settings, management practice, effectiveness of teaching programmes). Follow-up details (or plans for them) should be

described in this section. To encourage scientist-practitioner skills, each RCA that describes a direct or indirect intervention must include some formal evaluation of the effectiveness of the work reported. For a neuropsychology assessment RCA, this could include feedback to clients and health professionals.

(k) Re-formulation of the problem, being an alternative or developed account, should be provided where appropriate to the case, not necessarily within a different theoretical framework, leading to a review of the strengths and weaknesses of the clinical work undertaken. For a neuropsychology assessment RCA, this would probably include the cognitive test results considered in the context of literature relating to diseases/syndromes diagnosed/suspected. Reformulations need only be included if they are relevant to the piece of work, and do not need to be incorporated into every RCA.

(l) The trainee should also include a section relating to their personal experience of the process – what things they learned about themselves in relation to such work. There should also be some reflection on the therapeutic relationship and the role of supervision.

(m) Copies of referral and discharge letters should be provided in appendices. The RCAs should be coherent and readable without reference to any additional appendices. Additional appendices should only be included if they are absolutely necessary.

(n) Report writing as a professional communication skill will also be assessed. In carrying out clinical work, trainees may from time to time be constrained by supervisor requirements that may be inconsistent with the trainee's preferences for dealing with the client. Given that supervisors carry the responsibility for what happens (although the trainee still carries some responsibility for their own actions and inactions), trainees may have little option but to proceed as directed, despite their own concerns.

In such circumstances, unless there are other grounds for concern about supervision (in which case, contact Personal or Mid-placement Visitor or the Course Clinical Tutors), if the case is to be written up as an RCA, the trainee should make sure they clearly communicate their preferred actions and why, as well as what was actually done and why. This is especially important where there may be some serious clinical risk attached to the work.

One of the elements in the assessment of an RCA is the management and discussion of risk and related practice issues. RCAs are monitored for unethical, unsafe or inappropriate practices as well as good ways of doing things.

For trainees who are on the BABCP pathway, please refer to the BABCP handbook for any additional RCA requirements.

Clinical Risk and Inappropriate Care

(See Section 1 of **Working in Teams,** BPS, 2001 for a general guide on legal issues in responsibility.)

Clinical risk and inappropriate care refers to situations where the work undertaken by the Trainee exposed the client and/or trainee to circumstances that could harm, physically and /or psychologically, the client, the trainee, service staff or a member of the public, or situations where such work was not in the interests of the client.

Markers identifying possible risk or practice about which they are concerned will want to

know how key issues have been addressed, irrespective of what the Clinical Supervisor might or might not have said or done.

The key issues include:
- Is there any indication in the RCA of a risk/poor practice?
- Did the Trainee identify the risk in the RCA?
- What was done clinically to remove or minimise risk to an acceptable level?
- Was this acceptable to the Trainee and/or Supervisor?
- If nothing was done clinically, which might have happened for any of a number of good reasons, did the RCA nevertheless present a reasonable discussion of the issues and possible actions?

In sum, Trainees are required in their RCAs to show that they are able to identify and address issues of risk and/or poor practice. If there are any concerns, these should be highlighted to show awareness and clearly indicate what you thought, what you did and what you might do under different circumstances.

If you have queries regarding content for your RCA's, please email dclinpsy@rhul.ac.uk or discuss with the DClinPsy Assessment Tutor.

Grading Criteria – Standard RCA

A pass grade would show the following:

This piece of work shows knowledge and understanding of psychological theory and its application to clinical practice. The report demonstrates assessment skills. Relevant literature is subject to critical appraisal is clearly described. Relevant theory is drawn upon to provide an formulation that is specific to the presenting problem. Interventions follow logically from the formulation and are at least reasonably competently applied. Emerging material is integrated in an appropriate way and interventions are adjusted, where relevant, in response to this information. Consideration of therapeutic and/or service outcome measures is shown. The trainee demonstrates good awareness of issues of diversity and difference and makes thoughtful considerations of this in the context of the therapeutic relationship and/or service context. The trainee shows some competence in critically appraising their work and makes reflexive statements. An acceptable level of professional competence is shown. The material is organised and standards of communication and presentation are fair.

A fail grade would show the following:

This piece of work shows limited or very limited knowledge and understanding of psychological theory and its application to clinical practice. The report demonstrates few assessment skills. Relevant literature is not sufficiently drawn on and is subjected to little critical appraisal, and its relevance to the clinical area in question is not clear. Relevant theory is drawn upon to a limited extent, if at all, and links to formulation are either not made or are not obvious. Interventions are applied with limited competence. Integration of new material, and adjustment of interventions in response to this information, is limited or inappropriate. Little or no consideration of relevant therapeutic outcome measures is shown. The trainee demonstrates little or no awareness of issues of diversity and difference and shows minimal or absent consideration of this in the context of the therapeutic relationship and/or service context. The trainee shows limited competence in critically appraising their work and makes few, if any, reflexive statements. A poor level of professional competence is shown. The material is not well organised and standards of communication and presentation are low.

Note, it is acknowledged that some reports may not be focussed on direct, individual clinical activity; for example, the focus may be on group working, indirect work or service delivery. In this instance assessment and intervention may consider a broader range of outcomes. In such instances marks should be allocated according to how well the trainee synthesises relevant information in a format relevant to the focus of the report.

16.4 Reflective Practice RCA

One RCA has distinctive, specific learning objectives and adopts a different format to do this. Many of the principles of RCAs outlined already apply, but the distinct learning objectives of this RCA are:

- The ability to demonstrate an advanced level of critical thinking in relation to the implementation of clinical skills and the development of clinical practice;
- The ability to reflect on clinical work undertaken, including personal and professional reflections, self-awareness and sensitivity, respect for clients, awareness of diversity, the therapeutic relationship (including consideration of power) and service-related issues;
- The ability to critically reflect on the application of theory into clinical practice;
- The ability to think how reflections might inform future practice.

Trainees are required to submit:

1. A transcript of a 20 minute section of a therapeutic session (to include material that they felt went well felt went well and material they felt could have been improved). This can relate to any client group or therapeutic approach. The recording should not be taken from an assessment session. Supervisors will be asked to listen to the tape to verify the accuracy of the transcript and sign.

2. An accompanying written component including:

- Brief background information about the case (approx. 250 words);
- A summary of the formulation and plan for therapy (approx. 300 words). The formulation should draw on and reference psychological theory (such as CBT or systemic models);
- Brief context of the recorded session (e.g. what session was it? Who attended? At what time point in the therapy was the recording made? What was being worked on? Were there any specific goals for the session?). (Approx. 200 words);
- A structured reflection based on Bennet-Levy et al.'s Self Practice/Self Reflection (SP/SR) approach (approx. 3250 words):
  - Observe the experience (e.g. how did I feel, what did I notice?)
  - Clarify the experience (e.g. what went well and why? What didn't go well and why?)
  - Implications of this experience for future clinical practice (e.g. what might you do differently at the next session/in future)
  - Implications of the experience for how I see myself as "self as therapist" (e.g. reflection on technical skills, reflection on skills in relation to clinical competencies)
  - Implications of this experience for understanding of theory and therapy.
  - Information on collaborative reflections with the client (i.e. how did they gather the client's feedback from the session/reflect with them about the session).

3. The transcript will be located in the appendix and this should be numbered by line. Trainees will be expected to make reference to the transcript in the RPA using the line number as a guide.

   The appendix should also contain a diagrammatic formulation.

Word Count = 4000 maximum

The Reflective Practice RCA will be submitted as RCA2.

Grading Criteria – Reflective Practice RCA

A pass grade will show the following:

This piece of work demonstrates an ability to think critically, reflectively and evaluatively and demonstrates at least some awareness of the value of reflection on clinical practice. The work demonstrates at least a fair ability to succinctly summarise and report on relevant client information. Formulations are reported on with an acceptable degree of preciseness and followed by relevant interventions. The trainee shows some ability to reflect on the nature of the client experience and to engage in collaborative reflection with the client. They demonstrate competence in critically appraising their work and make some reflexive statements regarding their clinical skills and competencies in relation to the session. They show an ability to link their reflections to their understanding of psychological models and future clinical practice. The material is organised and standards of communication and presentation are reasonable. The trainee demonstrates good awareness of issues of diversity and difference and makes thoughtful considerations of this in the context of the therapeutic relationship and/or service context.

A fail grade will show the following:

This piece of work shows limited or very limited ability to think critically, reflectively and evaluatively and demonstrates limited awareness of the value of reflection on clinical practice. The work demonstrates a limited ability to succinctly summarise and report on relevant client information. Formulation is not reported on with a sufficient degree of conciseness, or is poorly reported, and is not well linked to a relevant intervention. The trainee shows limited ability to reflect on the nature of the client experience or to engage in collaborative reflection with the client to an acceptable level. They demonstrate limited competence in critically appraising their work and make few or no reflexive statements regarding their clinical skills and competencies in relation to the session. They show a limited level of skill in linking their reflections to their understanding of psychological models and future clinical practice. The material is not well organised and standards of communication and presentation are low.

16.5 Service-related Research Project (SRRP)

The SRRP is designed to ensure that trainees have the experience of conducting small-scale research in the context of clinical work that is relevant to a service. The focus is on the pragmatic aspects of performing service related research and is intended to foster the development of relevant service-related research awareness and skills. Further detailed guidance is given in the Research Handbook.

Specifically, the SRRP should demonstrate that the following learning outcomes have been achieved:

- Capability of identifying, small-scale, locally-driven, service-oriented audit or research questions reflective of local service needs;

- Competence in research skills, including refining research questions, demonstrating an understanding of ethical issues, choosing appropriate methods and analyses, and reporting outcomes;

- awareness of the relevant legislative and national planning context of service delivery and clinical practice;

- Evidence of appropriate service user involvement in relevant aspects of the project, e.g. development of project rationale, selection of measures, dissemination of findings etc.

- understanding change processes in service delivery systems

- Ability to present the results using appropriate scientific style.

- Ability to communicate service-related evaluation results to relevant individuals within a service in a manner that potentially provides sufficient basis to enable decisions relating to the service to be made.

Word count: 4000 maximum

Grading Criteria – Service-related Research Project (SRRP)

A Pass grade would demonstrate the following:

This piece of work shows knowledge and understanding of research skills in relation to small-scale, service-relevant research, including identifying relevant questions, designing and implementing a study, and analysing the results. There is critical appraisal of the strengths and limitations of the research conducted. Throughout the work there is awareness of service and ethical issues. There is evidence of appropriate service user involvement, as well as feedback to the appropriate users of the research, in such a way that could potentially inform service decisions. The material is reasonably organised and standards of communication and presentation are good.

A Fail grade would demonstrate the following:

This piece of work shows limited or very limited knowledge and understanding of research skills in relation to small-scale, service-relevant research, including identifying relevant questions, designing and implementing a study, and analysing the results. There is weak critical appraisal of the strengths and limitations of the research conducted.   Throughout the work there is little awareness of service and ethical issues. There is limited evidence of appropriate service user involvement and feedback to the appropriate users of the research, in such a way that could potentially inform service decisions. The material is not well organised and standards of communication and presentation are low.

16.6 Research Critical Review

The aim of the RCR is to examine the ability to provide a critique of a published study, similar to providing a review for a journal.

Specifically, the RDA should demonstrate that the following learning outcomes have been achieved:

- Ability to describe the main elements of the published paper (theoretical rationale, methodological design, analytic approach and reporting, drawing of conclusions, and ethical issues involved);

- Ability to provide a critique of the published paper in relation to the elements outlined above;

- Ability to present the relevant material in an organised and conventional way.

Word count: 1500 words maximum

Grading Criteria – Research Critical Review

Pass

This piece of work represents a plausible peer review of an empirical article for a clinical psychology journal reflecting knowledge and understanding of basic research design principles to evaluate the suitability of the target paper for publication. This will be evidenced by providing an adequate evaluation of: the theoretical and scientific rational for the study, the methodological design; the analytic approach and reporting; the justifiability of the conclusions that are drawn; the consideration of ethical issues.

Fail

The submission falls short of representing a plausible peer review of the target empirical article. The material provided in most or all of the five areas listed above (scientific rationale, methodology, analysis, conclusions, and ethics) is lacking. The material provided is poorly organised and standards of communication and presentation are low.

16.7 Statistics Assessment

The statistics assessment is a two-hour, open-book examination. Trainees are able to take any learning materials (notes, books, etc.) into the exam.

The aim of this assessment is to examine knowledge of, and ability to apply and conduct, statistical analyses of quantitative data.

The assessment should demonstrate that the following learning outcomes have been achieved:

- Ability to select appropriate statistical tests;

- Ability to conduct those statistical tests in an appropriate way;

- Knowledge and understanding of what the results statistical tests show and how to interpret them;

- Appropriate communication of the test results and their interpretation.

Each question is marked on the normal five point grading system, depending on the specific requirements of each question, and an average is obtained which must be in the passable range. Further details will be given in the Statistics teaching sessions.

16.8 Major Research Project

Major Research Project

See Research Handbook for details

Word count: 25,000 minimum

Grading Criteria – Major Research Project

No amendments		
Minor editorial corrections	Submit within one month	Minor amendments, such as correcting some typographical errors and minor formatting changes.
Minor amendments	Submit within 3 months	(i) rewriting of paragraphs/pages, insertion of some new material, etc. It can include some minor data re-analysis, though this should clearly not be of the kind that could open up the possibility of further major modifications. (ii) None of the requested changes should be likely to change the markers' fundamental understanding of how the study was conducted or the nature of its findings. The decision should be based on the nature of the changes rather than primarily on whether the trainee could make the changes within 3 months.
Major amendments	Submit within 12 months, with or without a further oral examination.	(i) Additional or new material or data required, further analyses required or substantial changes need to be made, with all that entails, so that several sections of the thesis may require changes. (ii) A further oral examination can be required where the examiners wish to test the candidate's understanding of the modified thesis.
Further oral without resubmission of thesis	Repeat oral within18 months	Arises where the thesis content and presentation were satisfactory but the candidate was unable to give a satisfactory account of it in the oral examination.
Failed to satisfy examiners	No resubmission allowed	The thesis is flawed to the extent that further work over a period of 18 months, given the candidate's demonstrated level of understanding of the thesis, would not be sufficient to make it passable.

17 Appendix 6 Self-assessment Checklist for RCAs

Department of Psychology
DOCTORATE IN CLINICAL PSYCHOLOGY

YES	N/A	*I have included Abstract signed by trainee/supervisor*
YES	N/A	*I have checked the report and am satisfied that I have removed any information that would identify clients, or institutions/services.*
YES	N/A	*I have checked the report and removed any details that would identify myself.*
YES	N/A	*In the Appendices I have included referral / discharge reports (or reason given if not included)*
YES	N/A	*I have checked that this piece of work is within the stated Word count (not including references and appendices)*

[

Please note that this is for trainees' own use, to help them check whether they have covered what they need to, and does not need to be submitted.

18 Appendix 7 Format for Signed Abstracts

Trainee name:

Submission (e.g., RCA1, SRRP):

Date of submission:

<u>Abstract</u>

'The subject of this report, or a responsible carer, was informed in advance and did not object to their anonymised personal and other details relating to the work undertaken potentially being included in a report produced for training purposes'

Signature   date

Trainee:

Supervisor:

19 Appendix 8 Information about Extensions to Training

EXTENSIONS TO TRAINING CONTRACTS
INFORMATION FOR TRAINEES

NHS England (NHSE) commissions training and funds trainees' tuition and salary costs for a period of three years. Extensions of funding are granted through negotiation with NHSE, London office and have to be approved by them.

There are some circumstances where extensions are usual:
- Maternity leave
- Trainees who have a serious illness which results in a long break from training. In these cases an Occupational Health assessment will be required before an extension is granted.

When a trainee has failed a placement and the Examination Board has approved a retake, the Course will request an extension with NHSE London. Usually, any extension for placement failure will be for a maximum of six months.

If additional funding is approved, Trainees will usually be paid for their time on placement and for any required attendance at the course (for example, academic teaching). This means that trainees who have completed the academic and/or research components of the course may be paid on a part-time basis during an extension period.

Trainees who are completing research, but who have successfully completed the academic and placement components of the course, will not usually receive a funding extension. This is because trainees would be at the end of their third year and can apply for employment and complete research while in employment.

Who makes the decision to extend?
Routine maternity leave and extended sick leave requests are agreed by the Human Resources Department of Camden and Islington NHS Foundation Trust.

Other requests for extension are considered on a case-by-case basis by the London office of NHSE.

20   Appendix 9 Keeping in Touch Days

Employees on maternity leave are entitled to apply for up to a maximum of 10 KIT days – these are intended to help employees maintain contact with their work context, and may be paid in certain agreed circumstances.

The idea of 'keeping in touch' is worth clarifying. In the context of the DClinPsy Course, the main focus is on facilitating the transition from maternity leave back into work; as such the usual reason for claiming a KIT day would be to undertake planning or preparation relevant to a return to the Course.

Examples could include a trainee:

- meeting with the placement supervisor with whom they will be working on their return to work;
- undertaking a placement-specific training day (e.g. Ri0, PC-MIS, safety procedures) that they would otherwise miss ;
- meeting with Course staff to discuss and to plan assignments that will be undertaken on the trainee's return to work (e.g. meeting a research supervisor or course tutor, usually where advance planning is needed in order to aid the transition back into the Course)
- attending a unique training event that will not be repeated (for example, a lecture that will not be repeated after their return to University, or a "one-off" conference that the Course has organised)
- attending teaching that directly supports a return to work, where missing teaching could have an adverse impact (for example, a session advising on procedures for the research viva)
- undertaking "extra-ordinary" academic work that cannot be delayed until the trainee returns to work, and where delay would make it likely that a further extension to training would be required (e.g. revising an ethics application that needs to be approved in order for research to start as soon as the trainee returns to work).

These examples are illustrative, and cases will be dealt with on an individual basis.

KIT days cannot be used by a trainee to participate in 'routine' teaching or training events nor can they be used to 'catch-up' with academic, clinical or research assignments that would be expected to be undertaken after returning to work (for example, writing a case report or sections of the research thesis).

The approval of KIT days is at the discretion of the trainee's line manager, to whom the relevant application form should be submitted in advance by trainees wishing to take a KIT day.

Please familiarise yourself with the Camden and Islington maternity leave policy, which includes information about KIT days and how to apply for them. Submission of the CandI application form is required.