

DCLinPsy ROYAL HOLLOWAY – PLACEMENT INFORMATION
SUMMARY OF KEY POINTS 2026

1. Information & Training

- The Placement Handbook which includes all the information and forms you need to organise the placement will be made available via this link <https://www.royalholloway.ac.uk/research-and-education/subjects/psychology/studying-here/clinical-doctorate/>
- You can contact the Clinical Tutor Team or Teaching & Learning Operations Officer (Clinical Psychology) on dclinpsy-placements@rhul.ac.uk for placement related queries, or the Teaching & Learning Operations Senior Officer (Clinical Psychology) on dclinpsy@rhul.ac.uk for other DCLinPsy course related queries, or **01784 443851**.
- The three North Thames Clinical Psychology Training Courses - Royal Holloway University of London, University College London and University of East London run a programme of workshops for supervisors of Clinical Psychology trainees in the North Thames region. The link to these workshops is: <https://dclinpsy.psychologyresearch.co.uk/supervisor-workshops-north-thames/>
- Supervisors and trainees should adhere to professional practice guidance from the HCPC and BPS in relation to all aspects of clinical practice and supervision.

2. Preparing for a placement

- The Course will write to supervisors and trainees with basic information about the Course, placement dates and days. Supervisors should ask trainees for a copy of their End of Placement review summary, including targets agreed at the end of the previous placement.
- Before placement begins, trainee and supervisors should discuss the trainee's previous experience, needs and interests and the opportunities provided by the placement (trainees are asked to contact supervisors to arrange a pre-placement visit, which can take place remotely e.g. via video conference, or in person). Trainees can be asked to provide CVs.
- Trainees should ask if any reading is necessary before the placement commences and supervisors should provide references if required.
- Supervisors should inform their manager that a trainee will be working in the service and discuss implications, especially needs as a supervisor/trainee. Supervisors should inform colleagues – both psychologists and non-psychologists that a trainee will be in the service.
- Supervisors should plan a trainee's **caseload/workload of up to 8 pieces of work** before they arrive – taking steps to ensure that caseload develops quickly. Supervisors should plan opportunities for the trainee to observe the supervisor (and vice versa) as early as possible in the placement.

3. Induction

- North London NHS Foundation Trust provide trainees with an employment induction which should fulfil all of the mandatory training trainees need prior to going on placement, including Breakaway; Conflict Resolution; CPR; Equality, Diversity and Human Rights; Fire Safety; Health, Safety and Welfare; Infection Prevention and Control; Information Governance and Data Security; Manual Handling; Mental Capacity Act; Safeguarding Adults & Children Level 3; Oliver McGowan Training.
- Some Trusts may require a separate induction, however, please note that trainees have a contract with North London NHS Foundation Trust and therefore should NOT need an honorary contract to undertake placements in different Trusts.
- On placement, orientate the trainee to people, places, procedures and politics necessary to help the trainee function effectively in the service – bear in mind that it doesn't all have to happen immediately. Some supervisors develop a 'pack' of information about the placement. Some supervisors may encourage trainees who have just been on placement to be involved in sharing information about the placement with or making contact with the next incoming trainee.
- Local health and safety issues (e.g. fire alarms, panic buttons, specific considerations around safe working practices etc) must be covered thoroughly and early.

- If the trainee will undertake home visits or lone working, they need to be made aware of the Trust policies and guidelines in place to ensure their safety.
- Outline information governance procedures and systems for recording in client's notes, transferring between locations, making room bookings, online or remote working practices etc.
- Don't forget the small things like how to pay for tea and coffee, where to get lunch etc.

4. Placement days

- Trainee will be on placement for an average of 2.5 days per week. However, this can vary from 2-5 days per week according to their stage of training and the time of year.
- Trainees are expected to be on placement for **a minimum of two days per week at all times unless they are on annual leave.**
- A Placement Planning Grid to assist you and the trainee in allocating placement, study, research and annual leave days is available on the course website. This gives the number of days trainees should be spending on each activity during the course of the placement.
- During term-time academic days are fixed so trainees are not available for placement on those days. During the rest of the week trainees may be on placement or conducting research. The number of days for each activity is clearly specified but the particular days of the week is left flexible to fit with the supervisor's clinical service and the trainees' research demands.

	Academic days
1 st years	Mon, Tues,
2 nd years	Thurs, Fri
3 rd years	Weds (with reduced teaching days from Spring Term of third year)

- Trainees should have one half-day per five placement days for clinical placement study (which equates to about 45 minutes per placement day), and cannot be accumulated beyond 1 day every 10 days on placement. Supervisors can ask trainees to complete this study at home or at the placement.
- Exam study leave is normally in May for the first years only. Whether exam study leave is taken as a block or spread across the placement should be agreed with the supervisor and be in line with service demands.
- The Service-Related Research Project is completed during one placement – 13 placement days are set aside for this project over the first two years of training.
- Trainees' annual leave entitlement (typically 27 days a year, unless they have increased NHS continuous service) is divided evenly between placements (13 or 14 in each 6 month period) and must be taken in line with the NHS financial year (no annual leave can be carried forwards from one financial year to the next); all leave must be negotiated with the placement supervisor.

5. Competence Monitoring and Placement Documentation

- It is expected that all trainees will be **observed at least 3 times** during the placement. This should include at least **one 'live' observation** of their clinical assessment and intervention skills. Recordings of sessions may also be used to supplement this and digital recorders are available to borrow from RHUL if required. Observations can take place in person or remotely e.g. via video conference.
- Trainees are also required to ensure they and their supervisors both rate live (or recorded) therapy sessions using one of a range of different standardised competence rating scales. A range of different measures are available, depending on the placement or therapeutic model used. There is a requirement for rating scales to be completed on **at least two observations per placement, with at least one of these taking place before the MPR.** BABCP pathway trainees must complete observations using the CTS-R or UCL CBT competence tool for pathway placements.
- We expect trainees will also have opportunities to observe their supervisors **at least 3 times.**

- Trainees are also required to ensure they obtain written feedback from clients (using the RHUL Client Feedback Questionnaire, or a similar service-specific document) for clients they see on placement (at a minimum, two questionnaires should be completed for each placement, and discussed with supervisors).
- To monitor the experience and competence of the trainee, trainees and supervisors will be expected to complete all of the following:
 - a) a Clinical Contract within the **first 2 weeks** of placement (submitted to Moodle).
 - b) the MPR-EPR Form at the middle and end of each 6 months placement. The MPR-EPR is a detailed form, which is first completed at MPR and subsequently updated at EPR.
 - c) a Mid-placement review meeting (MPR at weeks 8-12) – a member of the Course staff will meet with the trainee and supervisor. MPRs will take place remotely via video conferencing unless requested otherwise. The MPR-EPR Form documenting the meeting is to be submitted to the Course (Moodle) **within 2 weeks after the MPR ‘window’**.
 - d) an End of placement review meeting (EPR) – usually conducted between trainee and supervisor in the final week of placement. Trainees, supervisors or the Course may request that a member of the Course staff attends this. The MPR-EPR Form documenting outcomes from the placement plus ACE basic report is to be submitted to the Course (Moodle) **within 2 weeks**.
- Trainees are also required to submit an anonymised electronic record of their clinical experience (ACE; further information on this system can be found in the Placements handbook) at the end of the placement (with EPR documentation). Supervisors and trainees should discuss how informed consent is obtained from clients.
- All documents to be signed electronically and submitted electronically by trainees using the College Moodle system.

6. Supervision

- The Course recommends **1.5 hours per week** of formal supervision. The BPS guidelines on clinical supervision state that *“there must be a formal scheduled supervision meeting each week that must be of **at least an hour’s duration**... total ‘contact’ between supervisor(s) and trainee(s) must be at least **3 hours a week**”*. We consider that this may need to be considerably longer than this at the beginning of training.
- Trainees usually have one named / lead supervisor, but may have a second / joint supervisor and / or conduct specific pieces of clinical work with additional supervisor(s) who can be from other professional disciplines.
- Plan supervision cover in the event of unexpected absence, holidays, illness etc.
- **Please inform the Course ASAP of any changes to supervision arrangements.**
- Trainees and supervisors are requested to keep a **written record** of the main discussion and action points from supervision.
- Supervisors act as proxy line managers for trainees. They should make expectations clear about attendance and time management e.g. leave, illness, absence, required meetings. Both should keep a record. Trainees are required to submit absence information to the Course monthly.
- Agree local administrative procedures for trainees, e.g. how clients will be told about confidentiality and supervision, protocol for checking and countersigning letters.
- Plan an introduction to clinical work at a pace negotiated with the trainee, but make sure that this is not too slow. Caseload planning should allow for drop-out/no shows which are frequent.
- Opportunities for the trainee to observe experienced clinicians and to be observed interacting with clients are deemed essential. Joint work is also important, particularly in the early stages of placement.
- Supervision should be an open process. Supervisors should ensure that they know what a trainee is doing – as they will share responsibility for their actions. Discuss supervision experiences and styles to negotiate a working agreement for supervision sessions.
- From the start of the placement, we recommend that supervisors and trainees spend some time developing the supervisory relationship, which can include getting to know each other and your contexts, including differences and similarities, and naming power differences in the supervisory

relationship and how to manage these. Regularly review how supervision is going throughout the placement, including helpful aspects and how things could be improved.

- Plan supervision sessions:
 - These should be broader than “*What happened in the last session?*”
 - Encourage thought about the cycle of competence: Assessment / Formulation / Intervention / Evaluation.
 - Make time for openness and reflection. Help trainees think about:
 - Process issues, e.g. alliance, resistance and managing endings.
 - Social graces, including thinking about different aspects of diversity and naming Whiteness and racial differences in client-trainee and trainee-supervisor relationships, reflecting on process and learning together in this area; further resources available here: [EDIAR: Creating inclusive learning environments within DClinPsy placements](#)
 - Identify what trainee needs to know to manage better.
 - Discuss ethical and professional issues as they arise.
 - Vary learning methods e.g. presentation of formulations, discussion of case material, reading of clinical papers, role plays, video-recording and feedback.

7. Support available to trainees

- Support to trainees will often be offered through supervision. Supervisors should be aware that Trainees have several types of personal support available, including:
 - (i) a personal tutor who is a member of the Course staff (at least termly meetings),
 - (ii) a pool of Independent Personal Advisors (practising clinical psychologists from the North London Region who can offer support and guidance),
 - (iii) Reflective Practice Groups at University: regular, facilitated, reflective peer support group sessions.
 - (iii) the Royal Holloway Student Wellbeing and Disability and Neurodiversity Services,
 - (iv) North London NHS Foundation Trust Occupational Health and Employee Well-being support services.
- If trainees or supervisors are concerned about a trainee’s welfare they should inform a member of the Course staff, usually the year clinical tutor.

8. Travel Expenses

- Trainees can claim out of pocket money from travelling to and within placement locations through submitting travel expenses to the Course. Clinical Supervisors are expected to sign trainees’ monthly travel expenses, this will then be countersigned by a Clinical Tutor before submitting it to North London NHS Foundation Trust.

Placement Documentation Timetable:

	Documentation	Completed by	Deadline
Start of Placement	Contract	Trainee & Supervisor	2 weeks after start of placement to Moodle
	<i>Look at outline placement contract and tailor it to the placement through discussion/negotiation, taking into account:</i> - previous experience of trainee - any targets indicated by previous supervisor - trainees strengths/needs - range of cases, level of autonomy, etc. - what experiences will be available, what will not? (e.g. some via direct contact/some indirect/some only via observation - fix date of MPR early		
MPR	Electronic Clinical Log Printout (ACE)	Trainee	Should be sent to MPR visitor 1 week prior to the MPR
	MPR-EPR Form	Trainee & Supervisor	Should be sent to MPR visitor 1 week prior to the MPR
	MPR-EPR Form	MPR Visitor completes after the MPR (within 2 weeks)	Submitted to Moodle the signed MPR-EPR form only, within 2 weeks following end of MPR visit window.
	- The MPR visitor will meet jointly with both trainee and supervisor. Typically the visitor meets first with the trainee, then with the supervisor, then with both jointly. - This meeting date will be arranged by the trainee - Hopefully nothing in MPR will surprise trainees: if concerns are hard to discuss, please contact the clinical tutors in advance of the meeting - If there are grounds for a potential placement fail by the time of the MPR, this should be raised at this point - Think about placement work which may need to be handed-over at the end of the placement		
EPR	Electronic Clinical Log Printout (ACE)	Trainee	Submitted 2 weeks (absolute deadline) after end of placement to Moodle
	MPR-EPR Form	Trainee & Supervisor	
	-MPR visitors do not attend these meetings unless arranged -Note for one year placements there needs to be 2 EPRs; one at the end of the first six months and one at the end of the year.		
Feel free to email the clinical tutors if you want to discuss or clarify anything to do with a trainee's placement –Professional Services Office 01784 443851 1 st Year Tutor - Toby Newson (toby.newson@rhul.ac.uk) 2 nd Year Tutor – Anna Crabtree (anna.crabtree@rhul.ac.uk) 3 rd Year Tutor – Anna Millen (anna.millen@rhul.ac.uk) and Ella Perry (ella.perry@rhul.ac.uk) Clinical Director & Deputy Course Director – Kate Theodore (kate.theodore@rhul.ac.uk) Teaching & Learning Operations Officer (Clinical Psychology) – Michelle Watson (michelle.watson@rhul.ac.uk) All members of Clinical Tutor Team available at: dclinsy-placements@rhul.ac.uk			