



Clinical Psychology Unit

Annual Report

November 2011

Department of Psychology

Faculty of Science

in collaboration with

NHS Yorkshire and the Humber
and local Psychology Services

INTRODUCTION

This report details the major activities of the Clinical Psychology Unit. This includes the Doctorate in Clinical Psychology (DClin Psy), the Diploma in High Intensity Psychological Interventions (Dip HP), the Certificate in Low Intensity Psychological Interventions (Cert LP) and the Centre for Psychological Services Research (CPSR). It is the twenty-first year of the DClin Psy and the eighteenth output of graduates from the 2008 intake of trainees. The fourth intake of the Dip HP and Cert LP was in October 2011, and the launch of CPSR was in November 2007. The report has been prepared for five specific purposes. These are:

- * To report back formally to our Purchaser (NHS Yorkshire & the Humber SHA) as required by the Education and Training Contract.
- * To report to the Faculty of Science on the progress of CPU.
- * To update and inform local clinical psychologists and IAPT services about CPU's achievements for the last year.
- * To provide a basis for the Course Training Committee to monitor the training programmes on an annual basis and to indicate targets for future development and improvement.
- * To provide a forum for the receipt of the results of the "Annual Feedback Survey".

The Annual Report is prepared by the Unit Director on behalf of the Course Training Committee and includes reports from each of the DClin Psy sub-committees, IAPT programme committees and feedback from trainees, supervisors and clinical teachers.

The CPU Team would like to acknowledge the support and hard work of clinical psychologists and other mental health professionals throughout the region who have been crucial to the success of CPU's activities. If you have any comments or suggestions concerning the report, please write either to me personally or Carole Gillespie, the Secretary to the Course Training Committee

Professor Gillian Hardy
November 2011

1. CONTEXT

DClin Psy Programme

In April 2008 Yorkshire and The Humber SHA took over as commissioners of the Sheffield DClin Psy Programme. Sheffield Health and Social Care NHS Foundation Trust (SHSC) employ all trainees.

The DClin Psy programme is monitored by the Course Training Committee (CTC), which is chaired by the Programme Director. Membership of CTC includes representatives from local services and from clinical specialties within the Sheffield region. The Course Training Committee met four times throughout the year and minutes of these meetings are available from the Course Administrator.

The Course Training Committee (CTC) also oversees the various sub-committees i.e. clinical practice, curriculum, diversity and PPI, personal/professional development, research and selection, which meet regularly throughout the year. Regular reports from the sub-committees are received by CTC (see Appendix 1 for reports from the sub-committees). Both CTC and its sub-committees have representatives from NHS supervisors and trainees.

The DClin Psy Programme Handbook, and the Assessment Regulations and Coursework Guidelines Handbook have been revised and circulated to all current supervisors and stakeholders. We have also included many course documents on the CPU website for easy access by trainees and NHS supervisors.

The DClin Psy Programme received approval from the Health Professions Council (HPC) under the grandparenting provision and will receive a visit May 2012. A British Psychological Society (BPS) accreditation visit took place in June 2009 when the programme was accredited for a further 5 years and received an excellent report with no conditions. The BPS will revisit the programme at the same time as HPC.

IAPT Programmes

In April 2008 Yorkshire and The Humber SHA commissioned the University of Sheffield to run the PG Diploma in High Intensity Psychological Interventions (Dip HI) and the PG Certificate in Low Intensity Psychological Interventions (Cert LI). The PG Cert trains 'Psychological Well-being Practitioners' (PWPs) and the PG Dip Cognitive Behavioural Psychotherapists. Both programmes support the national development of Improving Access to Psychological Therapies (IAPT). Members of the teaching team are leading nationally on the development of training standards and practitioner/course accreditation for both PWPs and Cognitive Behavioural Therapists and the expanding evidence base for low intensity psychological interventions.

In 2011 the IAPT team was awarded the University Senate Teaching Award for collaboration as an index of the excellent relationships that have been established and maintained with local IAPT services. In addition, with the local Sheffield IAPT service there is on going research collaboration, which will lead to high quality high impact publications. Members of the IAPT team lead special interest groups for BABCP sit on national accreditation committees and present at national conferences on research findings.

The IAPT CTC monitors both IAPT programmes. IAPT CTC includes representatives from the trainees on both programmes. The Dip HP and Cert LP have individual Course Handbooks, and the Assessment Regulations. All course documentation is placed on the CPU website for easy access by IAPT trainees.

The British Association of Behavioural and Cognitive Psychotherapy (BABCP) visited the Sheffield PG Dip HP programme in June 2009 and subsequently accredited the programme. The Cert LP was accredited by the BPS/BABCP following a visit in May 2010.

CPSR

CPSR is an interdisciplinary collaboration between CPU and the School of Health and Related Research (SchARR). The aim of the research centre is to improve decision-making, quality, and outcomes of services providing psychological treatment to people who have mental or physical health problems. Research funding is by government agencies, NHS Trusts and charities. Details of these can be found in Appendix 5.

2. Vision and Strategy

To be the leading UK centre of excellence in translational research and professional training in clinical psychology, psychological therapies and low intensity psychological interventions and supervision

This vision guides all our activities in training and research. This includes three professional post-graduate training programmes: a Certificate in Low Intensity Psychological Interventions (Cert LP); a Diploma in High Intensity Psychological Interventions (Dip HP); a Doctorate in Clinical Psychology (DClin Psy); and clinical supervisor training courses. We also promote excellence in translational research through our Centre for Psychological Services Research in partnership with colleagues in the School of Health and Related Research.

Core Purpose and Values

Our core purpose is to improve the lives of people who have mental or physical health problems through training high quality evidence-based practitioners whose training is underpinned by innovative approaches to applied clinical and psychological services research.

We are committed to valuing diversity, working in partnership with service users and engaging with all our stakeholders in order to provide leadership in developing and applying the complementary paradigms of evidence-based practice and practice-based evidence. The CPU operates in equipoise in relation to the paradigms to always ensure the application of the best methodologies to answer the clinical questions at hand. Our expectation is that trainees will leave our programmes (1) competent in the delivery of patient-led, safe and creative psychological therapies, (2) ready to contribute to the clinical governance agendas of employers and (3) willing to offer clinical leadership in the provision of the highest quality psychological services.

We are also committed to the development and evaluation of innovative psychological interventions, the benchmarking of outcomes of psychological services and the organisational development of such psychological services. For this reason, we encourage both the mastery of delivery a broad range of evidence-based approaches and openness to the development and evaluation of new or emerging therapies for alleviating mental health problems. This means that we aim to deliver new and cutting-edge research of international standing that informs national policy and practice.

Our aims are therefore centrally aligned with the broader University and Faculty of Science mission, namely *'to improve the world by seeking to understand it through application of our research excellence [and] we are committed to the transformation of the new knowledge we generate into real benefit'*.

Strategy

In this section we first consider our strengths and challenges, then the HEI, national and local NHS context.

Strengths

Our strengths include:

- Delivery of nationally recognised high quality training programmes
- Clear shared objectives and positive reciprocal working relationships with our commissioners and local Trusts and third sector providers
- Committed and experienced Programme teams focused on a shared vision of our work
- Effective and robust Programme policies and structures designed to deliver excellence in all aspects of our work
- Good levels of involvement of trainees and our stakeholders at all levels of the Programmes
- Rigorous trainee selection procedures, which encourage applicants from diverse backgrounds
- Excellent trainee retention figures
- High percentage of local recruitment for trainees' first jobs
- Responsive to the changing national and local NHS context
- Excellent applied research training and support
- Cutting-edge supervisor training programmes
- Innovative research and professional leadership at a national and international level
- Individualised and adult approaches to training
- Excellent clinical governance procedures

Challenges

Our challenges are:

- Managing effectively in times of uncertainty such as disinvestment in training from IAPT services
- Ensuring ongoing compliance with all regulatory body requirements
- Maintaining training numbers, quality of the learning environment in the workplace and on placements and good links with all our stakeholders
- Taking the opportunities for cross-course teaching that would be an efficient use of teaching resources and a useful learning environment for trainees
- Obtaining sufficient research funding to maintain development of our research programme

Current Context

There are a number of significant factors/policy documents that are likely to impact on CPU in the following year. These include:

- The continued economic downturn (NHS and HE), which may result in lack of funding for trainees; jobs not filled when staff leave, inadequate funding for service user involvement, and reduced research money. Plus changes in local mental health and clinical psychology organizations, which may result in uncertainty about availability of DClin Psy placements and IAPT training secondments
- The *Healthy lives, healthy people: Our strategy for public health in England* and *Equity and excellence, Liberating the NHS* White Papers. These reports set a vision for the NHS focusing on high quality care for all requiring changes in culture and mindsets throughout the NHS.
- *New Ways of Working*. The principles set out in this report, particularly the leadership agenda in NHS are important in shaping our training programmes.
- *World Class Commissioning*, which describes the principles of commissioning NHS

services that are evidence-based, provide best quality, choice and individual control and the *No Health without Mental Health*, in which the Government sets out its six objectives as part of its public sector reforms. These include improving the mental health and wellbeing of the population and keeping people well; and improving outcomes for people with mental health problems through high-quality services that are equally accessible to all. The principles of both reports will inform our teaching.

- *Research Excellence Framework* (REF), which focuses on international excellence, integrated research theme and impact and which we will be addressing in our research strategy.
- Government reports on HE that emphasize the need for flexible delivery of programmes developing CPD, employability, quality of learning and teaching, local retention of graduates.

Critical Analysis and Achievements of the Last Year

In this section we consider the issues and challenges we have faced, how such challenges were effectively managed, and what key outcomes were subsequently achieved. Our biggest challenges were ensuring the continuation of the IAPT programmes, managing cuts to the DClin Psy programme, obtaining grant monies and successfully running current research projects.

In all of these areas we have successfully met our targets. The government is continuing to fund the IAPT initiative, the Cert LP is now accredited and the Centre for Psychological Services Research (CPSR) has been successful in achieving its core aims.

In terms of partnership working we have continued to develop service user involvement in the DClin Psy programme, there is now user representation on the IAPT courses and we have worked hard to build closer relationships with services that provide placements. Return to work from IB was the main policy driver at the heart of the initial IAPT initiative and CPU are leading on (1) high quality research that understands the predictors of return to work from IB, (2) high quality research that benchmarks return to work rates across DoH and DWP services and (3) the CPU have won grant monies for cross-disciplinary research and policy development concerning return to work. We have fulfilled NHS agenda/service priorities through developing the IAPT programmes and through the introduction of teaching in leadership and team working for the DClin Psy trainees.

Our research achievements can be seen in our productive year in terms of publications, reports, conference presentations and grant successes.

Strategic Priorities

Our priorities are:

Context

- To review our range of postgraduate courses and to work with the SHA and local services to (1) enable practitioners from health settings to complete the PG Cert in Low Intensity Psychological Interventions and (2) provide 'top-up' training in PWP methods for those practitioners who have not completed the core PWP training but are working in PWP posts. The first development is entirely in line with the new policy drivers for enhancing the psychological care of low term physical conditions and medically unexplained symptoms and the second development is entirely in line with local service developments.

Research

- To maintain and enhance the success of CPSR as an international centre of psychological therapies and services research
- Develop and broaden our research strategy to include all staff with a clear focus on the requirements for REF

- Enhancing research and other teaching/training income strands

Partnership

- Ensuring our training programmes and research areas are responsive to national NHS policy drivers, particularly evidence based practice, emerging evidenced based approaches, patient oriented outcomes, high quality clinical supervision, clinical leadership and organisational development.
- Developing service user involvement in our training and research programmes with the aspiration to build true partnership ways of working together

Quality Assurance

- Focus on excellence of learning and teaching as evidenced through accreditation and other quality assurance reports

3. STAFFING

CPU has 34 staff. The DClin Psy staff team currently comprise 9 academic staff (4.7 wte), 7 clinical tutors (3.8 wte), 5 administrative staff (4.7 wte) and 1 research support officer (1 wte). Below is a list of staff currently in post:

Prof Gillian Hardy Unit Director (f/t)	Dr Liza Monaghan Joint Director of Clinical Practice (.6)	Mrs Carole Gillespie Unit Administrator (f/t)
Prof Pauline Slade Deputy Unit Director (f/t)	Dr Sue Walsh Joint Director of Clinical Practice (.6)	Mrs Maxine Boon Clinical Tutor Team secretary (f/t)
Professor Graham Turpin* Head of Psychology Department	Dr Katherine Hildyard Clinical Tutor (.4)	Mrs Sue Maskrey Secretary (.7)
Prof Michael Barkham Director CPSR (.6)	Dr Dominic Goodridge Clinical tutor (.5) (from January 2011)	Mrs Jacquie Howard Secretary (f/t)
Dr Andrew Thompson Senior Lecturer (.8)	Ms Sara Dennis Clinical Tutor (.5)	Ms Sharon Keighley Secretary (f/t)
Dr Claire Isaac Lecturer (.6). (to June 2011)	Dr. Katharine Boon Clinical Tutor (.5)	Ms Christie Harrison Research Support Officer (f/t)
Dr Georgina Rowse Lecturer (.6) (maternity leave to Sept 2011)	Dr Jo Burrell Clinical Tutor (.5)	
Dr Rebecca Knowles Lecturer (.6) (to Sept 2011)		
Dr Gail Coleman (.4) (to June 2011)		
Prof Nigel Beail Honorary Chair		
Dave Saxon Statistical Support (.1)		
Dr Lisa-Marie Berry (.6 from Sept 2011)		

*Professor Graham Turpin took on the role of Head of the Psychology Department in August 2009 but still remains as part of the Course Team.

The Dip HP and Cert LP team comprise a Programme Director (.8wte), 4 CBT teachers (.4 wte) and an Administrator (.7)

Dr Stephen Kellett Programme Director (.8)	Helen Macdonald CBT Teacher (.4)	Fiona Bellhouse (.4) Left Sept 2011
Gillian Donohue CBT Teacher (.4)	Ann Swift CBT Teacher (.4)	Ingrid King CBT Teacher (.4)
Ms Angela Rollinson IAPT Administrator (.7)		

Research activities in CPU are supported by 4 research staff through grants etc.

Amy Ashworth (f/t) Left Sept 2011	Janice Connell (f/t) From Sept 2011	Rebecca Hutten (f/t). Left May 2011
Richard Plant (0.6) (from October 2011)		

A list of staff regional and national activities can be found in Appendix 2

4. RESOURCES

Most CPU staff are housed in the Clinical Psychology Unit (CPU), although some IAPT staff have their office in Mushroom Lane. Some teaching takes place in CPU, with the remainder generally taking place in the Main Psychology Department. The regular use of Seminar Room One for the DClin Psy has been particularly valuable. The Dip HP and Cert LP use Seminar Room One and the Library Seminar room in the main Department for their teaching. Occasionally we use other teaching rooms within the University, although it is not easy to book space for whole days, which is how our teaching is delivered. We are also very grateful to the Speech and Language Department, for the use of their specialised video-recording suite, which we will use for the IAPT programmes assessments. These facilities are far superior to those available in the Psychology Department.

Alan Grundy from the Psychology Department has supported the Course in the maintenance of computing equipment and software support. Liz Johnson from Business Unit Support has been helpfully involved in all contracting issues from the University side. Carole Gillespie monitors our own internal accounts and Liza Monaghan and Sue Walsh manage the SHSC accounts.

5. TRAINEE RECRUITMENT AND PROGRESSION

DClin Psy Programme

2011 entry statistics:

Total number of applications 423

Number shortlisted	64 (plus 30 reserves)
Number interviewed	80*
Number offered places	22* (included 4 from reserves)
Number accepted	18

* As only 14 places were filled from the first set of interviews, a further set of 16 interviews was held in July when the remaining 4 places were filled.

Characteristics of 2011 intake:

Men	4
Women	14
Average Age	28
Degree:	
1 st	4
2i	14
Masters	7
PhD	0

Further figures on ethnicity and background will be available from the Clearing House shortly.

Attrition rates 2005-2010 intakes P = pass year; F = fail year D = deferred

INTAKE:	2005	Result year 1			Result year 2			Result Year 3	
		P	F	D	P	F	D	P	F
Trainees	20	20			19		1	16	
Leavers		0			0			4	
								0	

End of year 2 (Sept 07) 1 on maternity leave

End of year 3 (Sept 08) 2 on maternity leave, 2 deferred submission

September 09 1 on second maternity leave, 2 to complete placements and thesis, 1 deferred thesis

September 10 1 deferred thesis, 1 extension to registration to complete thesis

September 11 All theses now passed.

INTAKE:	2006	Result year 1			Result year 2			Result Year 3		
		P	F	D	P	F	D	P	F	D
Trainees	20	20			18		2	12		8
Leavers		0			0			0		

End of year 3 (Sept 09), 3 had thesis deferred; 3 had extension to registration to complete thesis; 2 still had work to complete following period of sick leave.

September 2010 4 had theses deferred; 1 had extension to registration following sick leave

September 2011 3 theses deferred.

INTAKE:	2007	Result year 1			Result year 2			Result Year 3		
		P	F	D	P	F	D	P	F	D
Trainees	20	20			20			15		5
Leavers		0			0			0		

End of Year 3 (Sept 10) 2 had theses deferred; 3 extensions to registration

September 11 1 thesis deferred

INTAKE:	2008	Result year 1			Result year 2			Result Year 3		
		P	F	D	P	F	D	P	F	D
Trainees	20	20			19		1	13		7
Leavers		0			0			0		

End of year 2 (Sept 10) 1 had work outstanding following maternity leave

End of year 3 (Sept 11) 3 had work outstanding following maternity leave; 2 extensions to registration; 2 theses referred

INTAKE:	2009	Result year 1			Result year 2			Result Year 3		
		P	F	D	P	F	D	P	F	D
Trainees	20	19			15		5			
Leavers		0			0					

End of year 1 (Sept 10) 1 had work outstanding following sick leave

End of year 2 (Sept 11) 1 had work outstanding following sick leave; 4 had work outstanding following maternity leave.

INTAKE:	2010	Result year 1			Result year 2			Result Year 3		
		P	F	D	P	F	D	P	F	D
Trainees	18	18								
Leavers		0								

Regular internal examination meetings were also held to agree marks and coursework, and to monitor the progress of trainees. Of the **129** major pieces of coursework that were assessed **11** were referred. With regard to the short answer questions assignment a total of **608** questions were assessed and of these **28** failed and passed on resubmission.

Graduates 2011

2005 cohort	1
2006 cohort	1
2007 cohort	7
2008 cohort	13

First Job Destinations (2011 Graduates)

Trainees who graduated/completed in 2011 took up posts in the following locations and specialties:

Leeds	CAMHS
Bromley Healthcare	IAPT services
Wakefield	CAMHS
Leeds	CAMHS
Doncaster	Adult
Doncaster	LD
Bradford	Health Psychology
Welwyn Garden City Herts	Children with LD

Rampton	Forensic
Leeds	CAMHS
Bighton Sheffield	Child
Pontefract	CAMHS
Derby	Neuro
Leeds	LD

Of the completers, all but two have taken Clinical Psychology posts in either the East Midlands or Yorkshire and the Humber regions.

Dip HP Programme

There are 14 trainees on this training programme from the following IAPT Clinical Services: NE Lincolnshire (NHS: 2); Sheffield (NHS: 1); Wakefield (3rd sector: 8); Scunthorpe (NHS: 1) and Hull (NHS: 2). Interviews were conducted in conjunction with each employer site as per BABCP selection guidelines. A University representative was present on the short-listing and interviewing panels, alongside Trust managers and representative senior clinicians. For all BABCP KSA route applicants, KSA procedures were followed throughout and monitored by the relevant representative from the PG Dip course. Interviews consisted of a role-play and formal interview in most services and in the Scunthorpe and Sheffield services a reflection on a piece of videotaped CBT, a role play and a formal interview. The characteristics of the current intake are 2 men and 12 women, average age 34. Their backgrounds and professions are varied and are drawn from psychiatric nursing, probation, social work, occupational therapy, health psychology, counselling and graduate mental health work.

Attrition rates 2010 intake P = pass year; F = fail year D = deferred

INTAKE:	2010	Result year 1		
		P	F	D
Trainees	10	5	1	3
Leavers	1			

Regular internal examination meetings were held to agree marks and coursework, and to monitor the progress of trainees. Of the 68 major pieces of coursework that were assessed 17 failed; 10 passed on resubmission and 3 are still to be resubmitted. The one trainee who decided to leave the course had two failed resubmissions and one resubmission outstanding. The one trainee who failed had one failed resubmission.

Five trainees graduated in November 2011. The remaining 3 trainees have had their registration extended until the end of December 2011 to allow for the submission of their Practice Portfolio and/or coursework to be resubmitted. This is entirely the average for the national picture of one-year completion rates for the first year of IAPT courses. Of those trainees who graduated, all 5 remained in their jobs with local NHS Trusts. The delays in trainees completing Practice Portfolios were mainly due to services being slow in setting up clinics for trainees and therefore trainees being delayed in establishing clinical caseloads.

Cert LP Programme

There are 20 trainees on this programme from the following IAPT Centres: Sheffield (NHS: 5); Wakefield (3rd sector: 5); Hull (NHS: 4); Leeds (NHS: 3); Doncaster (NHS: 3). Low Intensity workers are now

termed Psychological Well-Being Practitioners, in line with IAPT policy. Interviews were conducted in conjunction with each employer site as per BABCP selection guidelines. A University representative was present on the short-listing and interviewing panels, alongside Trust managers and representative senior clinicians. All interviews consisted of a role-play and formal interview. The characteristics of this intake solely comprised of 20 women, average age 35. Their backgrounds are varied and include drug support workers, STAR workers, assistant psychologists, support workers, and assistant social workers.

Attrition rates 2010 intake P = pass year; F = fail year D = deferred

INTAKE:	2010	Result year 1		
		P	F	D
Trainees	33	27		1
Leavers	5			

Of the 33 starters, 5 trainees dropped out due to organisational reasons in their Trusts. Of the 280 major pieces of coursework that were assessed 24 failed, and 23 passed on resubmission. The one trainee who left had one failed resubmission.

Twenty-six trainees graduated in Nov 2011. The remaining trainee has had her registration extended until the end of December 2011 to allow for her coursework to be resubmitted. Of those trainees who graduated, 24 remained in their jobs with local Trusts and three have taken up a new post out of the region, but in an IAPT service and in PWP roles.

6. DCLIN PSY PLACEMENTS

Responsibility for clinical tutor functions continues to be allocated by year group in order that each tutor provides continuity for each trainee throughout their training. In 2010-11 the 1st years related to Sue Walsh, Katherine Hildyard and Jo Burrell, the 2nd years to Dominic Goodridge, Liza Monaghan and Kath Boon, and the 3rd years to Kath Boon Sara Dennis and Sue Walsh.

Katherine Hildyard (who is our new placement planning lead) and Jo Burrell in conjunction with Maxine Boon (our administrator for placements) lead our placement planning process. Links continue to be made with local services and the creative use of resources for placements has been explored, with additional supervisors coming on board, particularly for first year placements. This has resulted in the course being successful in finding sufficient placements for the new intake of 18 trainees and for the 2nd and 3rd year cohorts. .

For the year 2010/2011, 36 first year placements, 35 second year placements and 38 third year placements in total were organised and provided. More detailed information about the placements is provided in the following section, divided by year group.

2010 Intake

The 2010 intake of 18 trainees undertook placements in adult, older adult and health specialties as follows: Sheffield Psychological Services (17), Barnsley (13), Sheffield Health Psychological Services (1), Rotherham (4), Doncaster (1).

2009 Intake

The 2009 intake of 20 trainees undertook placements in learning disabilities and child and adolescent specialties as follows: Sheffield Psychological Services (7), Barnsley (8), N Derbyshire (6), Sheffield Children's Hospital (4), Scunthorpe (4), Rotherham (2), Doncaster (4). Of the 2009 intake of 20 trainees, one trainee was on long-term sick during this academic year. Three trainees were on maternity leave during part of this academic year.

2008 Intake

The 2008 intake of 20 trainees chose placements available throughout the area including adult mental health, forensic, health psychology, child and adolescent, learning disabilities and neuropsychology. The majority of the trainees took two separate year-long placements (38). Of the 2008 intake of 20 trainees, four are to continue extended training due to maternity leave in this academic year.

Supervisor Training

Introductory Supervisor Training (ISW) was delivered in conjunction with the Leeds and Hull DClin Psy courses. This three way planning and delivery of supervisor training continues to be an invaluable means of meeting supervisor training needs both for the Initial and Advanced training courses.

The three courses have been working collaboratively to deliver the ISW training, based on a model of a regional two-day residential with two days of follow up at the local University, spanning an eight month period. The training has been planned in line with BPS learning objectives, and the training is now registered as an accredited course with the BPS.

A collaborative model of delivery of the advanced training has recently begun. This is the provision of training for more experienced supervisors. A timetable of 3 training events has been circulated. These have proved to be very popular and a successful day event led by Michael Carroll on supervision in the context of ongoing organisational change began the new training programme. Supervisors also had access to other advanced training event runs by the Universities of Hull and Leeds

Placement procedures

The placement assessment and logbook are now fully competency based. The clinical tutor team continue to develop an individualised training plan model, with regular meetings between year team members and the placement co-ordinators, to consider trainee and supervisor needs in allocating placements. Adaptations have been made to both the Assessment of Clinical Practice and the Log Book to be HPC compliant.

7. ACADEMIC TEACHING

The achievements over the last year and new targets for the academic component of the DClin Psy programme can be found in the Curriculum Sub-Committee report. We have continued to review and revise the curriculum in response to national and local drivers.

8. RESEARCH

The DClin Psy trainees continue to produce research theses of a high quality. This is all the more impressive because of the lengthy ethical and clinical governance procedures they have to go through. We have continued to streamline these processes where possible.

CPU staff have continued to be active in their respective research areas (see Appendix 3). CPSR have had an excellent year in terms of winning research monies, publication and developing translational research. The Centre has continued to develop links with service users, service providers, and practitioners (see Appendix 5).

9. PARTNERSHIP WORKING AND STAKEHOLDER INVOLVEMENT

Liaison with the Hull, Leeds Leicester, and Trent, DClin Psy Programmes

Informal meetings and meetings chaired by the SHA commissioner with the Leeds and Hull courses have taken place over the last year. We are collaborating with Leeds and Hull on a number of projects. We have joint teaching sessions for trainees across all three years of training, we jointly manage supervisor training and post-qualification training and we are investigating setting up a trainee practice-research network. We also continue to discuss any placement issues with colleagues from the Leicester and Trent programmes.

Service Involvement

We have regular meetings between the local Heads of Services, University and the SHA, and we attend meetings with the Heads of Services in relation to the DClin Psy programme. In November 2009 we distributed our first electronic Newsletter to all local NHS clinical psychologists. We also visited all services this year to gain feedback about the programme. The report (Appendix 6) was discussed at CTC and will be disseminated back to services through the Newsletter with a report on progress on actions arising from the report. The IAPT Programme Director visits all IAPT services regularly and training for IAPT supervisors throughout the region is provided.

Patient and Public Involvement

The DClin Psy programme has followed the Principles for Practice guidelines (Trent Workforce Confederation) in this area. We have made significant progress in working with service users in a number of aspects of the programme. Service users are a regular part of teaching, have helped to develop our clinical skills teaching and sat on one of the trainee selection interview panels. We have followed up a number of the recommendations from the Evaluation of diversity and PPI coverage on the DClin Psy programme report completed last year and on 28 November 2011 held a staff away day, facilitated by a service user, to take forward our working involving service users and carers in our programme delivery.

Northern IAPT Consortium

This group comprises the IAPT training providers in the north of England with the aims of: providing support; exchanging information; facilitating consistency and maintenance of standards in training, outcomes and supervision and influencing the local and national agenda. It has met a number of times over the past year to consider training issues for the IAPT programmes.

10. QUALITY ASSURANCE

Trainee Feedback

We monitor trainees' views of the all programmes through joint meetings with Course staff, teaching feedback gathered routinely at the end of every teaching session, trainee representation on all formal course committees, and, for the DClin Psy programme, through the completion of an Annual Feedback Questionnaire (Appendix 7).

Supervisor Feedback

Opportunities for DClIn Psy supervisor feedback are provided within several settings - the CPSC, meetings with clinical tutors, CTC, and at the several workshops for supervisors. Supervisors generally expressed satisfaction with the Sheffield programme. This was confirmed by the data collected by questionnaire as part of the annual quality monitoring process (Appendix 6).

The IAPT Programme Director visited all Service Managers to discuss all matters relating to the Programmes and IAPT trainees. In addition two training days were held for NHS supervisors of the Dip HP course.

Teacher Feedback

External teachers are asked to provide feedback immediately after their teaching. This feedback is then collated for each year group and feedback is given to trainees at a Year Team meetings. Feedback is also sought, for the DClIn Psy programme, through the Annual feedback Questionnaire (Appendix 6).

Employer Feedback

Feedback was sought from employers of graduates DClIn Psy trainees through the Annual feedback Questionnaire (Appendix 6).

University Monitoring

Quality and Standards are monitored through the Faculty of Science's Teaching Affairs and Faculty Teaching Quality committee, which receive Annual Reports from Departments. Follow up on matters arising from the faculty scrutiny can be found in the Teaching Quality committee minutes.

External Examiners

The four External Examiners to the DClIn Psy programme were Professor Shirley Reynolds from the University of East Anglia, Dr Paul Kennedy, University of Oxford, Dr Myra Cooper, University of Oxford and Dr Bill Sellwood from the University of Liverpool. Four favourable External Examiners' reports were received and are available from Carole Gillespie. All reports comment positively on the high standards of work produced by trainees and on the overall administration of the assessment procedure.

The external examiner for the Cert HP was Dr Peter Armstrong and for the Dip LP, Dr Margo Ononaiye. Both external examiners have stated their satisfaction with the manner in which trainees were assessed, the standard of the marking and the general organisation of the course.

11. TARGETS

As part of the Unit's ongoing development and to ensure our work is appropriately focused, we have commented on the progress of last year's targets and our targets for the coming year. We have consulted on these targets with staff within CPU and stakeholders through the Course Training Committees for all programmes.

Progress on 2010-2011 Targets

Target	Action	Action Taken
Context	<ul style="list-style-type: none"> Ensure sound governance of the CPU 	Achieved

	<ul style="list-style-type: none"> • Further explore the development of new PG programmes • Negotiate satisfactory funding for the IAPT programmes • Complete satisfactory outcome for the renewal of the DClin Psy contract 	<p>Partially achieved. Progress has been made re. M in Psychological Services and the expansion of the PWP course</p> <p>Achieved. Maintained number of commission across both programmes.</p> <p>Achieved. Maintained number of commissions</p>
Staffing	<ul style="list-style-type: none"> • Renew fixed term contracts where possible 	<p>Achieved. One fixed term contract has been lost. Replacements agreed for two posts</p>
DClin Psy Placements	<ul style="list-style-type: none"> • Ensure sufficient availability of DClin Psy placements at time of NHS change/cost reduction 	<p>Achieved</p>
Clinical/ Academic	<ul style="list-style-type: none"> • Review options for introduction of writing and numeracy tests as part of selection procedures • Develop University-based assessment of clinical skills 	<p>Achieved. Numeracy task piloted 2011; writing and numeracy tasks will be conducted in 2012</p> <p>Achieved. This assessment will be piloted in 2012</p>
Research	<ul style="list-style-type: none"> • Develop business case for a research/training clinic • Set up IAPT research group meetings • IAPT team to submit 5 papers for publication 	<p>Not achieved.</p> <p>Achieved. Meetings take place approx 3 monthly</p> <p>Achieved</p>
Partnership	<ul style="list-style-type: none"> • Consider recommendations from Diversity report • Work with regional programmes to develop shared working • IAPT team to work with Newcastle and York team to develop CTS-R demonstration DVD 	<p>Achieved. Away day in Nov 2011 to take recommendations forward</p> <p>Achieved. Now working collaboratively across teaching, research, selection</p> <p>Partially achieved. Progress has been made in terms of contacting the relevant academics to discuss regarding funding possibilities.</p>
Quality Assurance	<ul style="list-style-type: none"> • Prepare for HPC visit 	<p>Achieved. Timetable agreed and draft mapping documents due Dec 2011.</p>

	<ul style="list-style-type: none"> • Consolidation of placement audit process • Ensure all placement supervisors have training and HPC registration recorded • IAPT team to have a teaching session observed • IAPT team to ensure good skills marking reliability 	<p>Partially Achieved. To achieve a better return rate a new procedure is now in place. In addition the summary report and process of audit was reviewed.</p> <p>Achieved. All supervisors' HPC registration numbers collated</p> <p>Partially achieved. Co-presenters observed out other's teaching</p> <p>Achieved. This was completed in terms of CTS-R training day</p>
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2011-2012 Targets

Target	Action	Target Date	Lead responsibility	Evidence
Context	• Ensure sound governance of the CPU	Nov 2012	Gillian Hardy	Feedback from finance officers and staff
	• Prepare for HPC and BPS visit	May 2012	Whole team	Successful HPC/BPS outcome
Staffing	• Review staffing to ensure that efficiencies are made where possible	Sept 2012	Gillian Hardy/ Sue Walsh/ Liza Monaghan	All vacant posts reviewed Staff strategy document
DClin Psy Placements	• Ensure sufficient availability of DClin Psy placements	July 2012	Katherine Hildyard/ Jo Burrell	Successful placement planning
Clinical/ Academic	• Monitor impact of moving to a post graduate research degree	Sept 2012	Pauline Slade	Exam Board minutes
	• Review of selection procedures	June 2012	Sara Dennis/ Georgina Rowse	Selection Sub-Committee minutes
	• Review preparation for trainee employment, particularly around multiagency working and consultancy	July 2012	Lisa Berry/ Andrew Thompson	Curriculum Sub-Committee minutes
Research	• Preparation for REF	Nov	All academic	Grant applications/

	<ul style="list-style-type: none"> Prepare for Strategic Review 	2012 March 2012	staff Michael Barkham/ Gillian Hardy	publications CPU Research Strategy
Partnership	<ul style="list-style-type: none"> Enhance regional programme collaboration 	July 2012	Gillian Hardy	3-programmes away day
	<ul style="list-style-type: none"> Enhance CPD provision for NHS Clinical Psychologists 	July 2012	Liza Monaghan/ Sue Walsh Andrew Thompson	Input to PQT programme Develop University seminar programme
	<ul style="list-style-type: none"> Action plan from Service visits and report 	Sept 2012	Pauline Slade	Feedback implementation plan
Quality Assurance	<ul style="list-style-type: none"> Complete ECQ 	Dec 2011	Gillian Hardy/ Sue Walsh/Liza Monaghan	SHA feedback
	<ul style="list-style-type: none"> Monitor revised selection process 	June 2012	Sara Dennis/ Georgina Rowse	Minutes of Section sub-committee meeting
	<ul style="list-style-type: none"> Ensure all documentation concerning on-going accreditation is supplied to BABCP re the High Intensity and PWP courses 	Dec 2011	Steve Kellett	Re-accreditation achieved
	<ul style="list-style-type: none"> Ensure regularity of selection processes across trusts for IAPT trainees 	Sept 2012	Steve Kellett	IAPT service selection procedures

Appendices

Appendix 1

Reports from Sub-Committees

Appendix 2

Staff Regional and National activities

Appendix 3

2010 Staff Publications

Appendix 4

Honorary Appointments in Clinical Psychology

Appendix 5

Centre for Psychological Services Research (CPSR) Report

Appendix 6

Annual Feedback Report – Executive Summary

Appendix 7

List of acronyms

APPENDIX 1

CLINICAL PRACTICE SUB-COMMITTEE

Membership 2010/2011

Liza Monaghan (Chair to Jan 2011)	Course Team
Dominic Goodridge (Chair from Jan 2011)	Course Team
Lucy Lovell	3 rd year representative
Jenny Neubert	3 rd year representative
Liz Roberts	2 nd year representative
Ash Mannion	2 nd year representative
Alisa Udachina	1 st year representative
Victoria Lomax	1 st year representative
Shona Goodall	NHS representative, Sheffield
Charlotte Merriman (from April 2011)	NHS representative, Buxton
Lyndsey Presley	NHS representative, Sheffield
Sara Williamson	NHS representative, Chesterfield
Sam Watson	NHS representative, Sheffield
Katherine Boon	Course Team
Jo Burrell	Course Team
Gail Coleman (to June 2011)	Course Team
Sara Dennis	Course Team
Katherine Hildyard	Course Team
Jan Hughes (to Jan 2011)	Course Team
Sue Walsh	Course Team

The committee has met 4 times in the last year.

Review of targets for 2010-2011:

Target	Progress
Enhance return rate and usefulness of audit with regard to feedback to supervisors and placement planners.	<ul style="list-style-type: none"> • A new process for trainees returning the form and tutors commenting & sending to supervisors has improved response rate. Further adaptations are being considered to streamline the process. • The summary report and process of audit is being reviewed with clinical tutors on a regular basis and is ongoing.
Continue to monitor & review placement allocation procedures.	<ul style="list-style-type: none"> • A 3rd year placement fair was held in February 2011 for ½ a day. Feedback from trainees and supervisors showed it to have been highly successful. A whole day is being planned for 2012 to accommodate all the interested supervisors. • Clinical tutors/placement planners attended most CPSC meetings. This was useful in permitting detailed discussion around placement planning issues and allowing discussion of ways to adapt procedures to enhance the allocation process.
Contribute to further development and monitoring of clinical skills teaching and assessment.	<ul style="list-style-type: none"> • The recording of clinical skills sessions for formative purposes has happened: trainees recorded in the January session and will be doing the same in January 2012. • The 'portfolio' idea was put on hold as we developed the new 'live' assessment at the end of first year instead. The idea will be revisited in 2012 once the new Chair is in place.

Maintain/develop supervisor resources on website	<ul style="list-style-type: none"> • These were reviewed at June/July CPSC meeting. The supervisor resources were updated. • Further ways of developing the system for updating the website are being discussed more widely in the CPU.
Contribute to developing training in leadership/consultancy roles for trainees	<ul style="list-style-type: none"> • This has been a discussion topic in CPSC meetings during the year. • A questionnaire survey of New Qualified CPs was carried out to gauge how well training was preparing trainees for post-qualification work relating to consultation and leadership – both were areas thought to need more input relative to other areas of NWW, e.g. MDT working.
Enhance service user involvement in clinical practice aspects of training	<ul style="list-style-type: none"> • Further service user feedback was incorporated into Clinical Skills teaching for trainees, through service users taking up consultancy roles. • A means of incorporating service user feedback into placement assessment procedures is being implemented.

Future targets for 2011-2012:

Target	Action to be taken	Target Date
Continue to monitor & review placement allocation procedures.	<ul style="list-style-type: none"> • Further 3rd year placement fair to be held in February 2012. • Clinical tutors/placement planners to continue to attend CPSC meetings. 	<p>March 2012</p> <p>September 2012</p>
Contribute to further development and monitoring of clinical skills teaching and assessment.	<ul style="list-style-type: none"> • Assisting Clinical Skills Lead in developing and implementing the assessment of clinical competence. • To consider ways to assist supervisors in carrying out structured observation of trainees whilst on placement. • To revisit the idea of trainees developing a 'portfolio' 	September 2012
To develop ways of encouraging greater participation in leadership activities for trainees during clinical training.	<ul style="list-style-type: none"> • To work with the Clinical Tutor team to adapt the ACC form to emphasize the need for trainees to actively participate in leadership activities over their clinical placements. • To participate in developing information for supervisors regarding what is meant by leadership experience in the context of clinical training. 	<p>September 2012</p> <p>September 2012</p>
To enhance return rate and usefulness of audit with regard to feedback to supervisors and placement planners.	<ul style="list-style-type: none"> • Review helpfulness of the feedback with placement planners and supervisors. • Continue to adapt the system to increase return rate and streamline processes. 	<p>April 2012</p> <p>&</p> <p>September 2012</p>
CPSC to participate in ensuring course is HPC compliant	<ul style="list-style-type: none"> • To work with other parts of the course in reviewing HPC documentation in relation to clinical practice. 	June 2012
To increase supervisory representation on CPSC	<ul style="list-style-type: none"> • To communicate with Service Leads to request more supervisor representation. 	Nov 2011

<p>Explore ways of improving communication between meeting times and of permitting representatives to contribute via electronic means.</p>	<ul style="list-style-type: none"> • Continue with the email Update between CPSC meetings to supplement the meeting minutes. • To set up a Uspace page and test whether it is a viable means of communicating or coworking on specific items and/or issues outside of CPSC meetings. 	<p>September 2012</p>
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Dom Goodridge
CPSC Chair

CURRICULUM SUB-COMMITTEE

Membership 2010/2011

Nigel Beail	Course Team /Learning Disabilities
Zara Clarke	NHS Advisor (Learning Disabilities)
Gail Coleman	Course team
Carole Gillespie	Course Administrator
Sanela Grbic	Second Year Representative
Teresa Hagan	Adviser: Adult Mental Health/Research
Rhodri Hannan	NHS Adviser: (Forensic)
Gillian Hardy	Course Team
Rhodri Hannan	NHS Advisor (Forensic)
Katherine Hildyard	Course Team
Kat Holden	Second Year representative
Vicky Howells	First Year representative
Claire Isaac (Joint Chair)	Course Team
Maria Jarman	NHS Advisor (Health & Illness)
Sharon Keighley	Curriculum Administrator
Sue Martindale	NHS Adviser: (Psychosis & Recovery Services)
Liza Monaghan	Course Team
Fiona Myles	NHS Adviser: (Child/Adolescent)
Matthew Nicoll	Third Year representative
Holly Norbron	First Year representative
Sophie Payne	NHS Adviser: (Older Adults)
Hazel Reynders	NHS Adviser: (Neuropsychology)
Rebecca Knowles	Course Team
Pauline Slade	Course Team
Rachel Simmonds	Third Year representative
Andrew Thompson (Joint Chair)	Course Team

The committee met three times in the last year on the 25/11/2010, 24/03/2011, and the 23/06/2011

Actions taken following last year's report

Target	Action taken
Incorporate explicit consideration of the role of psychiatric diagnosis into the teaching timetable in clinical psychology practice.	The guidance sent to teachers/presenters has been revised to address this and members of the programme team have liaised and responded to the East Trent SIG document. Issues associated with the social construction of diagnosis were included as part of one of the most recent seminar series.
Consider the requirements for trainees' neuropsychological assessment experience and ensure relevant teaching is incorporated into the curriculum	Claire Isaac discussed this with the course team and with Curriculum representatives from the Hull and Leeds programmes and produced a document that was ratified by the Course Training Committee in November. The document covers the teaching and makes specific recommendations on psychometric and neuropsychological measure use.
Assess the need for a meeting of neuropsychology teachers across specialisms and organise a formal meeting/informal links as required.	Claire Isaac reviewed the neuropsychology teaching and a decision was made to maintain the teaching as it currently stands.
Develop guidelines in relation to service user and public involvement	The information given to teachers on 'involvement' has been updated by Andrew Thompson and additional information is available on the Unit's webpages.

Future targets 2011/2012

Target	Action to be taken	Date
Conduct a review of the learning objectives of every session.	Presenters will be asked to update and make explicit the learning objectives of their sessions and these will be held in a new database.	April 2012
Review the content and method of delivery of the current teaching feedback system.	Review the current system and consider the utility of introducing an e-administered system.	September 2012
Review the content of the current curriculum in relation to HPC and BPS standards in preparation for the accreditation visit	Complete the relevant parts of the HPC mapping document.	April 2012

Dr Andrew Thompson
Chair of the Curriculum Subcommittee

Dr Claire Isaac was Chair during this period.

Diversity Action Group

Membership September 2010 to September 2011 (the following people have attended this meeting over the last period)

Manreesh Bains (Trainee)
Sarah Blainey (Trainee)
Katharine Boon Joint Chair (Course team)
Paul Boyden (Trainee)
Eleni Chambers (External)
Gail Coleman (Course team)
Safeena Ghufuran (Trainee)
Christie Harrison (Administrative team)
Jen Heath (Trainee)
Jacquie Howard DAG administrator (Administrative team)
Jan Hughes (ex-Course team)
Jen Kilyon (External)
Erica Lam (Trainee)
Karen Lee-Donaldson (Trainee)
Diana Macleod (Trainee)
Liza Monaghan (Course team)
Ivy Moore (Manchester liaison group)
Carly Moses (Trainee)
Jurga Paserpskyte (Trainee)
Andrew Thompson Joint Chair (Course team)
Hayley Tomlinson (Trainee)
Trish Staples (External)

Frequency of meetings

There have been three 'Diversity Action Group' meetings over the last academic session:

10th February 2011 & 23rd May 2011. The meeting scheduled for 21st July 2011 was postponed until 10th October 2011.

In addition, there have been two informal workshops (termed the Diversity Action group presents) arranged by; one on Buddhism, led by Dom Goodridge (Course team) and the other on Chinese Writing, led by Erica Lam (Trainee Clinical Psychologist) on 18th October 2011. Further speakers have been identified and this is set to become a rolling seminar programme of non-timetabled workshops for trainees, staff, supervisors and external people.

Dates of future meetings: 10th October 2011, 9th February 2012, 23rd April 2012 and 12th July 2012.

Diversity and Public & Patient Involvement (P&PI) 2011

Actions taken following last year's report:

Target	Action taken
To increase service user / carer and non-professional involvement in areas including teaching, training and selection on the Sheffield DClin Psy training course	<p>The role service users play in clinical skills preparation has been further developed to include an evaluative element (see below).</p> <p>Presenters have been actively encouraged to include service user perspectives in their teaching and the guidance sent out to teachers has been revised to facilitate this.</p> <p>Service users have again been involved in the 2011 Selection process and their remit has been extended so that they vote in plenary sessions.</p> <p>The record of clinical placement activity has been revised to facilitate the consideration of diversity issues.</p>
To arrange for at least one of the DAG meetings to have an external speaker	The 'Diversity Action Group presents . . . ' discussion forum is underway. This aims to facilitate an informal context to discuss diversity and Involvement issues. So far there have been two presentations on: Buddhism in June 2011, and on Chinese Writing in October 2011. These presentations were well attended and received. Further presentations are planned and trainees have been asked to recommend speakers.
To continue to consider the contribution of service users and carers to practice learning	The 'Core Clinical Skills' teaching to 1st year Trainee Clinical Psychologists has again has received very positive feedback from trainees, service users and course staff. Two more service users have been recruited, giving a pool of 5 service users.
To consider developing additional channels of communication and use of alternative media to publicise DAG activities	The Diversity and Involvement web pages have been up-dated (following consultation with a number of stakeholders). Co-chairs are regularly communicating up-dates for the web-site to Christie Harrison. Find these at www.shef.ac.uk/clinicalpsychology
To recommend specific improvements that can be made to the programme and direct these to each sub-committee on the basis of the outcome of the service evaluation	<p>Key areas of future development in relation to increasingly consideration of diversity and enhancing involvement have been identified and circulated to all other subcommittee Chairs and presented at an away day in March.</p> <p>A further away day is planned for the 28th November facilitated by a service user working on another DClin programme (Barbara Riddell). This away day will focus specifically on enhancing 'involvement'.</p> <p>Chairs of subcommittees will be asked to consider</p>

	these in relation to preparing their goals for the forthcoming year.
To continue to evaluate progress and developments within PPI on the Sheffield DClin programme, using the 'Principles for Practice' assessment framework (Trent, Workforce Confederation, 2005)	<p>The 'Principles for Practice' framework is no longer the primary assessment tool for evaluating PPI. The programme team are currently drawing on a range of sources to enhance the development of training practice in this area – including liaison with other programmes.</p> <p>Individual service users and carers have been involved in consultation into developing and co-providing teaching sessions together with course team staff (e.g. Depression teaching in the 1st year).</p> <p>Course team staff have promoted the use of alternative media to enhance indirect service user and carer involvement in teaching when direct involvement is not currently achievable – this has received positive feedback from trainees.</p>

Future Targets 2011/2012

Target	Action to be taken	Target date
To continue to increase diversity and service user/carer and non-professional involvement in areas including teaching, training and selection on the Sheffield DClin Psy training course	Specific SMART goals will be developed across all key areas of training as a product of the away day on the 28th of November 2011.	December 2011
	To present a costed case for a 'Service User and Carer Advisory Panel' and network to provide consultation to the course on 'involvement' in teaching, training, selection and research.	December 2011
	To establish to maintain links with our sister programmes in relation to collaborating on enhancing the coverage of diversity and involvement within training.	January 2012
To compile and agree an Induction Plan / package for service users and carers involved with course activities.	This will include guidance for service users and programme staff and we will explore providing access to university resources to those involved in the programme	February 2012
To continue to evaluate progress and developments within Diversity and P&PI on the Sheffield DClin Psy training programme	DAG co-chairs to attend all other sub-committees to request feedback.	Ongoing throughout 2012
To continue to consider the contribution of service users and carers to practice learning	To review the changes relating to diversity and Involvement in the Assessment of Clinical Competencies' form (ACC).	March 2012
	To consider factors around setting up and providing a	June 2012

	placement-based service user / carer mentoring scheme	
To consider adopting additional channels of communication to publicise DAG activities and enhances links to the wider community	To consider contributing to newsletters relevant to local and national Diversity and P&PI activities	July 2012

PERSONAL AND PROFESSIONAL DEVELOPMENT SUB-COMMITTEE

Membership 2010/2011

Gillian Hardy (Chair from Jan 201)	Course Team
Dom Goodridge	Course Team
Sue Walsh	Course Team
Carole Gillespie (Administrator)	Course Team
Cathryn Daley-McCoy	Third Year Representative
Morna Liddle	Third Year Representative
Eirini Kontou	Second Year Representative
Safeena Ghufuran	Second Year Representative
Peita Bruen	First Year Representative
Robert Durnnell	First Year Representative

Gillian Hardy took over as Chair of the subcommittee with effect from Jan 2011. The committee met three times in the last year. A key focus during the year was the revision of the mentoring guidelines and the introduction of a meeting of mentors.

Last year's targets

Target	Action taken
Restructuring of PPD module to reflect a developmental model across the 3-year training	The new 3 year programme was reviewed at the PPD sub-committee meeting with agreement to continue with the new format.
To continue to review how we evaluate aspects of the RP group	Discussion at PPD subcommittee, and with RP facilitators, and Balint group leader took place during the summer 2011 using a report based on trainee feedback of the RP and Balint groups. Transparent feedback system to be reviewed and amended as necessary.
To continue to develop the interface and continuity between PPD teaching and the RP group	Regular meetings between the RP facilitators and PPD chair were held during the year
To maintain high levels of trainee feedback on all aspects of the PPD module	Although feedback was sought from trainees the response rates could be improved
To continue to review ways of increasing our pool of available mentors and Course support and validation of their role.	This topic was reviewed at the PPD subcommittee meetings and a meeting of new and current supervisors arranged to share experiences of the mentoring process

Next Year's Targets

Target	Action required	Date
Review of the 3 year developmental model	Obtain feedback from final year trainees	July 2012
Review teaching in the first year	GH to liaise with DG and plan for 2012	July 2012

Gillian Hardy
Chair

RESEARCH SUB-COMMITTEE

Membership 2010/2011

Michael Barkham	Course Team
Nigel Beail	Course Team
Gail Coleman	Course Team
Elinor Currey	2 nd Year trainee representative
Vanessa Fay	1 st Year trainee representative
Jen Gallagher	1 st Year trainee representative
Carole Gillespie	Unit Administrator
Helen Green	3 rd Year trainee representative
Teresa Hagan	NHS representativer
Gillian Hardy	Course Team
Christie Harrison	Research Support Officer
Kathryn Holden	1 st Year trainee representative
Claire Isaac	Course Team
Rebecca Knowles	Course Team
Claire Lee	NHS representative
Georgina Rowse	Course Team
Pauline Slade	Course Team
Andrew Thompson (Chair)	Course Team
Kat Tidswell	3 rd Year trainee representative
Graham Turpin	Course Team
Karen Warren	2 nd Year trainee representative

Frequency of meetings

The Research Sub-Committee met 3 times between October 2010 and September 2011.

Actions taken following last year's report

Target	Action taken
Enhance research pages for external visitors	A review and redesign of the information pertaining to staff and trainee research on the website has been completed, and a new research section will be going live by December 2011. This includes a list of trainee theses and revised staff pages. We have also collaborated with the Sheffield Science Gateway to revise information about the Unit accessible through this forum.
Review new system for commissioning Service Evaluations	Feedback on the new system has been sought from trainees and supervisors and the response reviewed. It was reported that in general it was felt that the new system was working well, although there were mixed comments regarding how easy it is to get time away from a placement to do a service evaluation elsewhere. From September 2011 a new quality control system will be put in place for signing off all SE projects internally prior to them starting
Review statistics teaching and consultancy	A comprehensive review of the session feedback and feedback from the staff involved in providing statistical expertise has been conducted and a meeting has been held with Dave Saxon

	<p>(statistical consultant), Dr. Richard Rowe (Statistics lecturer), and Dr. Paul Norman (Statistics lecturer).</p> <p>The feedback from trainees is very positive and the feedback is on a par with the feedback previously received. The staff involved have made a number of suggestions for improving trainees grasp of statistics particularly in relation to developing their protocols (i.e. identifying new core texts and having earlier consultation with Dave Saxon). All suggestions have been implemented.</p>
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In addition to the above activity, the research subcommittee has also overseen the movement of research process earlier in the academic calendar to allow the 2011 intake to submit theses in May 2014. All of the research documentation (i.e. documentation on how to prepare a proposal etc.) as been reviewed and revised and greater emphasis has been put on patient and public involvement. Guidance on conducting trials within the community has also been developed. We have continued to maintain links with local Trust R&D offices and the University Research and Innovation Services. Trainees have been moved from taught postgraduate status to research postgraduate status. Changes have been made to the format of the thesis so that both journals are now in the style of the British Journal of Clinical Psychology and in APA format. The programme handbook has been revised to reflect these new changes.

Future Targets 2011/2012

Target	Action to be taken	Target Date
Review management of trainee research site files	Produce additional guidance to staff and trainees regarding maintenance and submission of site files. Bring forward submission date of the site file –(two weeks after thesis submission). Include feedback on site file completion at the internal board proceeding Vivas	January 2012
Enhance trainees understanding of data storage and further develop systems for archiving research data.	The programme will work with a recently funded JISC project to develop an enhanced system for storing data relating to trainee research.	April 2012
Introduce the use of digital recorders for recording research interviews.	We will prepare guidance on the secure use of digital recorders and practical use of encrypted recorders and start to provide trainees with access to appropriate equipment.	December 2011
Develop further opportunities for trainees to disseminate their research.	We will develop a plan to hold a research conference with Hull and Leeds for Autumn 2012. We will discuss implementing a new piece of work for the 2011 intake to complete post thesis hand in. This will focus on providing	June 2012

	evidence of efforts to disseminate.	
Increase attendance/membership of the subcommittee	We will seek to increase the membership of the subcommittee (increase clinical tutor, and NHS representation)	May 2012
Review the clinical trials monitoring procedures.	We will review the recently introduced University clinical trials monitoring process and consider whether we need to implement additional strategies to improve monitoring and practice in clinical trials.	February 2012

Chair
Dr. Andrew Thompson
Director of Research Training

SELECTION SUB COMMITTEE

Membership 2010/11

Sara Dennis (Joint Chair)	University
Pauline Slade (Joint Chair)	University
Carole Gillespie	University
Michael Barkham	University
Kath Boon	University
Jo Burrell	University
Connie Cahill	Sheffield
Graham Cockshutt	User Support and Employment Service
Gail Coleman	University
James Friday	LinksWork
Dom Goodridge	University
Katherine Hildyard	University
Claire Isaac	University
Tom Jackson	Barnsley
Howard Johnson	Sheffield
Gemma Kothari	Barnsley
Becca Knowles	University
Liza Monaghan	University
Claire Pearson	Sheffield Child
Pauline Slade	University
Andrew Thompson	University
Sue Walsh	University
Mark Wilbram	Barnsley
Carly Moses	Third year trainee
Rachel Simmonds	Third year trainee
Sarah Wonders	Third year trainee

This committee met 4 times over the last year

Actions taken following last year's report 20010/11

Target	Action taken
Introduce a form of testing literacy and numeracy skills	Reviewed other courses' use of an additional written numeracy test. Set up a working group and introduced numeracy task for selection in 2011
Consider number of interviews and interview days required in the light of NHS time commitment and reduced commissions	Selection process amended to one combined interview per candidate, a group task and a numeracy task allowing interviewing of 16 candidates per day and an overall reduction from eight to four interview days.
Review format of interviews and whether one long interview could replace 2 panels	Academic and clinical personal panels combined. Retention of the group task to maintain interpersonal skills assessment to the process.
Further review shortlisting criteria and address shortlisting process	An initial screening process by admin staff was introduced.. Shortlisting was carried out by Course staff only in the light of NHS time commitments.
Review anonymisation procedures and other administrative issues following the introduction of on line applications	New online application procedure to print applications with limited data used in conjunction with advice from HR.

Future Targets 2011/2012

Target	Action to be taken	Target date
Introduce an assessment of written and critical appraisal skills	Review other courses' use of an additional written task with a view to introducing a task for 2012 Selection	March 2012
Consider involvement with the National Screening Task	Liaise with the National Screening Task working group	June 2012
Ensure course documentation regarding selection is up to date and clear on CPU and Clearing House website	Check and update information prior to application process for 2013	July 2012
Consider issues regarding self or externally funded training places	Review with course staff, at a Unit meeting. Take up any action with the selection sub committee. Liaise and report to Course training committee as required.	June 2012
Improve clarity for shortlisters and enhance identification of high calibre candidates across the range of competencies.	Review shortlisting criteria, liaise with other courses, and pilot additional screening dimensions	January 2012
To ensure equity of representation in interviewing process	All panel members to vote at plenary including the trainee representative.	March 2012

Georgina Rowse and Sara Dennis, Joint Chairs
November 2011

APPENDIX 2

STAFF REGIONAL AND NATIONAL ACTIVITIES

Clinical commitments

	Sessions provided	
Professor Nigel Beail		Professional Head of Psychological Services, Barnsley Business delivery Unit of South West Yorkshire Partnership NHS Foundation Trust. Consultant Clinical Psychologist and Head of Psychological Services. Disability and Provider Services, Barnsley Metropolitan Borough Council.
Dr Dominic Goodridge	5	Clinical Psychologist in Pain Service, Sheffield Teaching Hospitals
Sara Dennis	2	Health and Medical Psychology Services in Chesterfield
Dr Claire Isaac	4	Acute Neuropsychology Unit at the Royal Hallamshire Hospital
Dr Rebecca Knowles	4	Principal Clinical Psychologist in Mental Health Access Team, Barnsley PCT
Dr Liza Monaghan	1	Consultant Clinical Psychologist in Adult Mental Health Services, Derbyshire
Dr Georgina Rowse	4	Consultant Clinical Psychologist, Sheffield Personality Disorder Service Development Lead (secondment)
Dr Katherine Hildyard	1	Sheffield Health and Social Care Trust Community Learning Disability service
Dr Andrew Thompson	2	Psychological Health Sheffield, providing a clinical health psychology service within Rotherham NHS Foundation Trust
Professor Graham Turpin		Has had to discontinue his clinical sessions since taking up a national role with the Improving Access to Psychological Therapies Programme
Dr Sue Walsh	2	Consultant clinical psychologist in CAT in Specialist Psychotherapy, Sheffield
Dr Jo Burrell	4	Psychological Health: Adult Mental Health service within Nottinghamshire Healthcare NHS Trust
Dr Gail Coleman		Freelance Clinical Psychologist and Expert Witness with specialism in BME families and care proceedings
Dr Steve Kellett	2	2 sessions for Sheffield Care Trust providing clinical supervision to CAT practitioners and trainees. Provides clinical supervision to the AMH Consultant Clinical Psychologists within Sheffield Care Trust.

Professional activities

Professor Nigel Beail	<p>Vice President, European Association on Mental Health in Intellectual Disability. Continuing Professional Development Officer Faculty of Learning Disabilities, British Psychological Society.</p> <p>Chair of the International Scientific Advisory Committee: Joint Congress of the European Association for Mental health in Intellectual Disability and the International Association for the Scientific Study of Intellectual Disabilities, 2011</p> <p>National Assessor for Consultant Appointments (British Psychological Society/Dept of Health)</p> <p>Trustee of the British Institute of Learning Disabilities</p> <p>Member of the South Yorkshire Research Ethics Committee</p>
Professor Michael Barkham	<p>Joint Editor of the British Journal of Clinical Psychology (until 31st October 2011)</p> <p>Member, BPS Journals Committee</p> <p>Editorial Board of the British Association of Counselling & Psychotherapy's Counselling and Psychotherapy Research</p> <p>Scientific Advisor for the Savoy Conference on 'Psychological Therapies and the NHS : Science, Practice and Policy', London</p>

	Trustee, CORE System Trust
Dr Katharine Boon	Member of Faculty for Oncology and Palliative Care (SIGOPAC)
Dr Dominic Goodridge	
Professor Gillian Hardy	Fellow of the Royal Society of Medicine Fellow of the Royal Society for the encouragement of Arts, Manufactures and Commerce Joint Editor of the British Journal of Clinical Psychology (until 31 st October 2011) Member, BPS Journals Committee Member, Research Committee, British Association of Counselling Editorial Board of Psychotherapy Research
Dr Georgina Rowse	Committee Member of the Division of Clinical Psychology Early Intervention in Psychosis Special Interest Group Member of Trent Psychosis and Recovery SIG
Professor Pauline Slade	Fellow of British Psychological Society Member of Executive of British Association of Psychosomatic Obstetrics & Gynaecology Editorial Board Journal of Reproductive & Infant Psychology Editorial Board Psychosomatic Obstetrics & Gynaecology National Assessor BPS Teaching and Training Posts Member of Executive Committee BPS Faculty of Perinatal Psychology Secretary General for the International Society for Psychosomatic Obstetrics and Gynaecology 2010 - 2013
Dr Andrew Thompson	Selected member of the BPS Committee on Training in Clinical Psychology Member of the BPS Division of Health Psychology specialist knowledge list Reviewer for local NHS research governance panels Editorial Board of Dermatological Nursing External Examiner Clinical Psychology Programme, Trinity College, Dublin
Professor Graham Turpin	National Advisor for Education and Training IAPT; Co-ordinating Editor for Clinical Psychology Forum Editorial boards of Clinical Psychology Review; Psychology and Psychotherapy: Theory, Research and Practice and the Greek Journal of Cognitive Behavioral Therapy Member of the BPS Representative Council Member of the Board of Trustees of the BPS. Member of the Association of Heads of Psychology Departments
Dr Katherine Hildyard	Member of Trent Learning Disability Special Interest Group
Dr Gail Coleman	Member of the Child Faculty, Division of Clinical Psychology, BPS Member of the North West Race and Culture SIG Expert Associate Member, Lead Team for Improving Services for Survivors of Sexual Abuse in Sheffield (BME focus)
Dr Rebecca Knowles	Member of BABCP Bipolar Disorder SIG
Dr Sue Walsh	External examiner for the PG Cert in Supervision, University of Manchester
Dr Steve Kellett	National BABCP PWP accreditation steering committee Board member BABCP Evaluation lead for South Yorks Condition Management Programme External Examiner at Birmingham University PWP programme External Examiner at Newcastle University Diploma in CBT

APPENDIX 3

DCLIN PSY STAFF PUBLICATIONS 2011 (SINCE PREVIOUS REPORT)

(staff & honorary lecturers in bold; * indicates DCLin Psy Trainee/PhD student)

Refereed Journal Articles

- Banks, S with Allmark, P., Barnes, M., Barr, H., Bryant, L., Cowburn, M., Desai, S., Furey, R., Kay, J., McClimens, A., Nelson, P., Nutting, C., Sampson, C., Tod, A., **Thompson, A.**, Stanley, D., Taylor, I. and Ward, N. (2011). Interprofessional Ethics: A Developing Field? Notes from the Ethics & Social Welfare Conference, Sheffield, UK, May 2010. *Ethics and Social Welfare*, 4, 280-296
- Barkham, M., Hardy, G.E.**, Mogg, K. et al. (2011). The British Journal of (Social and) Clinical Psychology– a brief citation review. *British Journal of Clinical Psychology*, 50, 1-6.
- Beail, N.** (2011). Expanding what we do without getting lost: Some reflections on Hassall and Clements and the provision of psychological therapies to people who have learning disabilities. *Clinical Psychology Forum*, 217, 16-18.
- Bradley, R. and **Slade, P.** (2011). A review of mental health problems in new fathers. *Journal Reproductive and Infant Psychology*, 29, 19-42.
- Brugha, T., Morrell, C. J., **Slade, P.**, & Walters, S. J. (2011). Universal prevention of depression in women postnatally. Cluster randomized trial evidence in primary care. *Psychological Medicine*, 41, 739-748.
- Childs, H. E.*, McCarthy-Jones, **Turpin, G.**, & **Rowse, G.**, (2011) The Journey Through Cannabis Use: A qualitative study of the experiences of young adults with psychosis., *Journal of Nervous and Mental Disease*, 199, 703-708.
- Dykes, K. *, **Slade, P.**, & Haywood, A. (2011). A long term follow-up of women's emotional experiences after termination of pregnancy: women's views at menopause. *Journal Reproductive and Infant Psychology*, 29, 93-112.
- Egan, K., Harcourt, D., Rumsey, N., & The Appearance Research Collaboration (ARC: **Thompson, A. R.** is a grant holder within ARC). (2011). A qualitative study of the experiences of people who identify themselves as having adjusted positively to a visible difference. *Journal of Health Psychology*, 16, 739-749.
- Iles, J. *, **Slade, P.**, & Spilby, H. (2011). Posttraumatic stress and postnatal depression in couples after childbirth: the roles of partner support and attachment. *Journal Anxiety Disorders* 25, 520-530.
- James, H., Jenkinson, E., Harrad, R., Ezra, Newman, S., & members of The Appearance Research Collaboration (ARC **Thompson, A.R.** is a grant holder within ARC). (2011). Appearance concerns in ophthalmic patients. *Eye*, 1-6.
- Kellett, S.** et al., (2011). The clinical and occupational effectiveness of condition management for incapacity benefit claimants. *British Journal of Clinical Psychology*, 50, 164-177.
- Knowles, R.**, McCarthy-Jones, S., & **Rowse, G.**, (2011) Grandiose delusions: A review and theoretical integration. *Clinical Psychology Review*, 31(4), 84–696.
- Lavda, A. C. *, & **Thompson, A. R.** (2010). Managing the psychosocial impact of skin conditions 2: Behavioural interventions for nurses. *Dermatological Nursing*, 9, 38-41.

- Martin, J., Sheeran, P., **Slade, P.**, Wright, A., & Dibble, T. (2011). Durable effects of implementation intentions: reduced rates of confirmed pregnancy at 2 years. *Health Psychology, 30*, 368-373.
- Martin, J., **Slade, P.**, Sheeran, P., Wright, A., & Dibble, T. (2011). 'If-then' planning in one-to-one behaviour change counselling is effective in promoting contraceptive adherence in teenagers. *Journal of Family Planning and Reproductive Health Care, 37*, 85-88.
- Mavranouzouli, I., Brazier, J., Young, T., & **Barkham, M.** (2011). Using Rasch analysis to form plausible health states amenable to valuation: the development of CORE-6D and CORE-Utility from CORE-OM in order to elicit preferences for common mental health problems. *Quality of Life Research, 20*, 321-333.
- McDonald, S., **Slade, P.**, Spilby, H., & Iles, J.* (2011). Post traumatic stress symptoms, parenting stress and mother-child relationships following childbirth and at two years postpartum. *Journal of Psychosomatic Obstetrics and Gynaecology, 32*, 141-146.
- Morrell, C.J., Ricketts, T., Tudor, K., Williams, C., Curran, J., & **Barkham, M.** (2011). Training health visitors in cognitive behavioural and person centred approaches for depression in postnatal women as part of a cluster randomised trial and economic evaluation in primary care: The PoNDER trial. *Primary Health Care: Research & Development, 12*, 11-20.
- Rayner, K. *, **Thompson, A. R.**, & **Walsh, S.** (2011). Client's experience of change in cognitive analytic therapy. *Psychology & Psychotherapy: Theory, Research and Practice, 84*, 299-313.
- Telford, C. *, McCarthy-Jones, S., Corcoran, R. & **Rowse, G.** (2011) Experience Sampling Methodology (ESM) studies of depression: the state of the art. *Psychological Medicine, 19*, 1-11.
- Thompson, A. R.**, Smith, J. A., Larkin, M. (2011). Interpretative Phenomenological Analysis and Clinical Psychology Training: Results from a Survey of the Group of Trainers in Clinical Psychology. *Clinical Psychology Forum, 222*, 15-19.
- Turpin, G. & Coleman, G.** (2010) Clinical Psychology and Diversity: Progress and continuing challenges. *Psychology: Learning and Teaching, 9*, 17 – 27.
- Wheeler, S., Aveline, M., & **Barkham, M.** (2011). Practice-based supervision research: A network of researchers using a common toolkit. *Counselling and Psychotherapy Research, 11*, 88-96.

Books and monographs

- Harper, D., & **Thompson, A. R.**, (Eds.), (2012). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. London: Wiley
- West M., Alimo-Metcalfe, B., Dawson, J., El Ansari, W., Glasby, J., **Hardy, G.E.**, Hartley, G., Middleton, H., Naylor, P.B., Onyett, S., Richardson, J. and Richter, A. (2011). *Effectiveness of multi-professional team working (MPTW) in mental health care*. SDO Report.

Book chapters and encyclopaedia entries

- Harper, D., & **Thompson, A. R.** (2012). Emerging issues and future directions. In Harper, D., & **Thompson, A. R.** (Eds.). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. (pp. 243-250). London: Wiley
- Kellett, S.** (2011). Cognitive analytic therapy. In C. Feltham & I. Horton (Eds.). *The SAGE Handbook of Counselling*

and *Psychotherapy* (3rd edition). London: Sage.

Kellett, S. & Tully, D. (2011). Personality disorders. In C. Feltham & I Horton (Eds.). *The SAGE Handbook of Counselling and Psychotherapy*, (3rd edition). London: Sage.

Larkin, M., & **Thompson, A. R.** (2012). Interpretative phenomenological analysis in mental health and psychotherapy research. In Harper, D., & **Thompson, A. R.** (Eds.). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. (pp.101-116). London: Wiley

Thompson, A. R., & Harper, D. (2012). Introduction. In *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. In Harper, D., & **Thompson, A. R.** (Eds.). (pp. 3-8). London: Wiley.

Thompson, A. R., & Chambers, E. (2012). Ethical issues in qualitative mental health research. In Harper, D., & **Thompson, A. R.** (Eds.). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. (pp.23-38). London: Wiley.

Thompson, A. R. (2011). Adaptation in long-term conditions: the role of stigma particularly in conditions that affect appearance. In S. Randall & H. Ford (Eds.). *The Textbook of Long-term Conditions*. (pp.121-137). London: Wiley.

Thompson, A. R. (2011). Body Image Issues in Dermatology. In T. Cash & L. Smolak (Eds.), *Body Image: A Handbook of Science, Practice, and Prevention*. (pp.323-332). New York: Guildford.

Clinical Service & Professional reports/papers

Matuzzo, H. & **Kellett, S.** (2011). The effectiveness of CBT for people with mild intellectual disabilities who are compulsive hoarders. Birmingham City Council.

Parry, G., **Barkham, M.**, Brazier, J., Dent-Brown, K., **Hardy, G.E.**, Kendrick, T., Rick, J., Chambers, E., Chan, T., Connell, J., Hutten, R., de Lusignan, S., Mukuria, C., Saxon, D., Bower, P. & Lovell, K. (2011). An evaluation of a new service model: Improving Access to Psychological Therapies demonstration sites 2006-2009. Final report. *NIHR Service Delivery and Organisation programme*.

Turpin, G. & Wheeler, S. (2011). IAPT Good Practice Supervision Guidance. National Institute for Mental Health England/ Care Services Improvement Partnership (2nd ed.). (pp. 1 – 21).

Conferences and invited presentations

Ashley, K., & **Thompson, A. R.** (2011, May). British Asian women's views and beliefs of the importance of the appearance of the skin and visible skin conditions: A focus group study. *Poster presentation at The Annual British Psychological Conference, Glasgow, 6th May 2011*.

Barkham, M. (2011, May). Invited keynote address. Re-privileging practitioners at the heart of practice-based evidence. *BACP Research Conference, Liverpool*.

Beail, N. & Bethal, N. *. (2011). Mechanical Restraint: Impact on Staff. *Proceedings of the 7th European Congress on Violence in Clinical Psychiatry, Prague, Czech Republic*.

Beail, N., Rayner, K. *, & Wood, H. (2011) The relationship experiences of men with intellectual disabilities in secure settings. *Joint Congress of the European Association for Mental Health in Intellectual Disability and IASSID Challenging Behaviour and Mental health SIRG, Manchester, UK*.

- Beail, N.,** Jackson, T. *, & Vlissides, N. (2011). Psychological Therapies Outcome Scale for People who have Intellectual Disabilities. *Joint Congress of the European Association for Mental Health in Intellectual Disability and IASSID Challenging Behaviour and Mental health SIRG. Manchester, UK.*
- Beail, N.,** & Bethel, N. * (2011). The impact on support staff of applying mechanical restraints to people with self injurious behaviour. *Joint Congress of the European Association for Mental Health in Intellectual Disability and IASSID Challenging Behaviour and Mental health SIRG. Manchester, UK.*
- Beail, N.** (2011). Evidence base for interventions for challenging behaviour. Positive behaviour support: Restraint reduction review. *British Institute for Learning Disabilities. Hinkley.*
- Beail, N.** (2011). Consent to sexual relations. *British Institute for Learning Disabilities, Birmingham.*
- Beail, N.** (2011). Evaluating risk when parents have intellectual disabilities. *Humberside Family Justice Council Annual Conference. Hull.*
- Beail, N.** (2011). Risk Assessment. *British Psychological Society, London.*
- Beail, N.** (2011) Risk assessment. *Faculty for Learning Disabilities, British Psychological Society, Belfast.*
- Beail, N.** (2011). Treatment as an alternative to incarceration - what works for offenders who have intellectual disabilities. *Cerebra, Newcastle.*
- Beail, N.** (2011) People who have intellectual disabilities who come into contact with the Criminal Justice System. *British Psychological Society, London.*
- Beail, N.** (2011) Outcome for offenders who have intellectual disabilities. *British Psychological Society, London.*
- Bliss, P. Ashworth, A. & **Kellett, S.** (2011). Implementing group behavioural activation in primary care. *BABCP Annual Conference, Guilfsord.*
- Clarke, A., **Thompson, A. R.,** Rumsey, N., & The Appearance Research Collaboration. (2011, May). Nursing interventions for people with disfigurement. . *Paper presented as part of a symposium at The Royal College of Nursing Annual Conference, Harrogate, 17th May 2011.*
- Clarke, S. A., Newell, N., **Thompson, A. R.,** Harcourt, D., Lindenmeyer, A., & members of The Appearance Research Collaboration (2011, May). Appearance concerns and psychosocial adjustment following head and neck cancer: a cross-sectional study and nine month follow-up. *Paper presented as part of a symposium at The Royal College of Nursing Annual Conference, Harrogate, 17th May 2011.*
- Kellett, S.,** Bickerstaffe, D., Hopper, S., Purdie, F., Scott, S. & Turnbull, M. (2011). Long term follow-up from Condition Management; are people working and well three-years on? *BPS Division of Occupational Psychology Annual Conference, Stratford upon Avon.*
- Kellett, S.** Bennett, D. Ryle, T. & Thake, A. (2011). Delivering CAT to BPD patients in routine NHS practice; do we deliver the model competently and are we effective? *CAT Annual National Conference, London.*
- Kellett, S.** & Bodfield, E.* (2011). The role of attachment disturbance in compulsive hoarding. *BABCP Annual Conference, Guilford.*
- Lindsay, W.R., Tinsley, S. & **Beail, N.** (2011). A controlled trial of CBT for emotional disorders in people with intellectual disabilities. *Joint Congress of the European Association for Mental Health in Intellectual Disability and IASSID Challenging Behaviour and Mental health SIRG. Manchester, UK.*
- Martin J., Sheeran P, **Slade, P.,** Wright, A. and Dibble, T. (2011, September). Durable Effects of Implementation Intentions: Reduced Rates of Confirmed Pregnancy at Two Years. *Presentation to the Division of Health Psychology Conference, Southampton.*

- Morrell J., **Slade, P.**, Chaudry, S. and Walters, S.J. (2011, September). The health of postnatal women's partners up to 18 months after their baby was born: a longitudinal survey alongside a randomised controlled trial . *Presented to Society for Reproductive and Infant Psychology, Nottingham.*
- Natrass, A. *, **Kellett, S., Hardy, G.E.** & Ricketts, T. (2011). The impact of cognitive behavioural case formulation in the treatment of OCD. BABCP Annual Conference, Guilford.
- Plant, R. R.**, Quinlan, P., Reader, W., & **Thompson, A. R.** (2011, May). DMTpsych: Postgraduate training for research data management in the psychological sciences. *Poster presentation at The Annual British Psychological Conference, Glasgow, 6th May 2011.*
- Plant, R.R.**, Quinlan, P., Reader, W. & **Thompson, A.R.** (2011, November). DMTpsych: Postgraduate training for research data management in the psychological sciences (poster). *41st annual meeting of the Society for Computers in Psychology (SCiP), Seattle.*
- Plant, R.R.** & Turner G. (2011, November). Do I really need to worry about millisecond timing any more? (paper & poster). *52nd Annual Meeting of the Psychonomic Society, Seattle.*
- Shah, R., **Thompson, A. R.**, & Hunt, J. (2011, December). Enhancing self-help for social anxiety associated with vitiligo. *Oral presentation at The Division of Clinical Psychology Annual Conference, Birmingham.*
- Slade, P.** (2011, March). Attachment patterns -- do they play a role in posttraumatic stress following Childbirth? *Invited presentation to the Grand Round, University of Manchester.*
- Stocker, O. *, **Thompson, A. R.**, Baker, S., & Gibson, B. (2011). Experiences of living with orthognathic conditions: an exploratory qualitative interview study with individuals self identifying as being from an ethnic minority population. *Oral presentation at EHPS. Psychology & Health, 26, Sup 2, 6-72*
- Stocker, O., **Thompson, A. R.**, Baker, S., & Gibson, B. (2011, September). Experiences of living with visible differences of the mouth and the jaws. *Poster presentation at the 10th Kongress für Gesundheitspsychologie, Berlin.*
- Stocker, Y. O., **Thompson, A. R.**, Baker, S. R., & Gibson, B. J. (2011, April). Experiences of living with visible differences of the mouth and jaws. *Poster presented at The International Society for Critical Health Psychology Biennial conference Adelaide.*
- Thompson, A. R.**, Clarke, S., Jenkinson, E., James, H., Newell, R., & The Appearance Research Collaboration (2011, May). Qualitative experiences and adjustment of people with a disfigurement over time. *Paper presented as part of a symposium at The Royal College of Nursing Annual Conference, Harrogate, 17th May 2011.*
- Thompson. A.**, Lavda, A. *, & Webb, T. (2011). The effectiveness of psychological interventions for adults with skin conditions: A Meta-Analysis. *Poster presented at EHPS. Psychology & Health, 26, Sup 2, 73-253:*
- Thompson, A.R.**, Newell, R., Clarke, S., & The Appearance Research Collaboration (ARC) (2011). Women living with limb prostheses: Accounts of naturalistic adjustment. Poster presented at EHPS. *Psychology & Health, 26, Sup 2, 73-253.*
- Turpin, G.** (2010, November). Expanding access to psychological therapies. *Annual Conference of the Northern Ireland DCP.*
- Turpin, G.** (2011, February). Measuring clinical outcomes. *Royal College of Psychiatrists; Northern Ireland Multidisciplinary Mental Health Conference.*
- Turpin, G.** (2011, January). Clinical psychology and diversity: progress and continuing challenges. *DCP Race and Culture SIG Annual Conference.*

- Turpin, G.** (2011, May) "Is it helpful to give traumatised people information about trauma and PTSD?: results of 3 RCTS". *Department of Psychology, City College, Thessaloniki.*
- Turpin, G.** (2011, April). European Network for Targetgroup oriented Psycho-Social Aftercare in Case of Disaster. Panel Chair. *Cologne.*
- Turpin, G.** (2011). Planning the psychological healthcare workforce: meeting demand and providing effective interventions. *Third scientific conference in Clinical Psychology, Dhaka, Bangladesh..*
- Webster, R., Norman, P., Goodacre, S., **Thompson, A. R.** (2011). Illness representations and psychological morbidity in non-cardiac chest pain patients attending an emergency department. Poster presented at EHPS. *Psychology & Health, 26, Sup 2, 73-253.*

Research grants held and awarded during the year (including ESRC Collaborative Award Research Studentships)

New grants awarded 2010

- Brazier, J., **Barkham, M.**, Fitzpatrick, R., Keetharuth, A., Ricketts, T. (Awarded 2011). Measuring Outcomes in Depression (MOD). Funding via Policy Research Programme, Department of Health plus £150,000 to support Sheffield & Bradford Trusts.
- Halstead, J., Leach, C., Luccock, M., Clegg, C., **Barkham, M.**, Lambert, M., Lutz, W. (2011-12). A feasibility study of the costs and benefits of providing session by session feedback to therapists of measures of patient symptoms and process Funding: NIHR-RfPB: £137,000.
- Jones G., **Slade, P.** et al. (Awarded 2011 – for 2 years). Preserving fertility in women with cancer: quality of life and decision making in women offered egg banking prior to cancer treatment. Funding: Weston Park Large Grants Fund: £68,964.
- Lindsay, C., **Kellett, S.**, Ellison, N., Sainsbury, R., Davidson, J., Weston, K., Patterson, M., Peasgood, T., Prideaux, S., Patrick, R. (Awarded 2011). From welfare to work: linking best practice in clinical and employability-focused research for claimants of disability benefits. Funding: White Rose Collaboration: £10,000.
- Lovell, K., Bee, P., Power, P., Roberts, C., Lidbetter, N., Mottram, P., **Barkham, M.**, **Hardy, G.E.**, Gilbody, S., McMillan, D., Torgerson, D., Reynolds, S., Gega, L., & Byford, S. (2011-2014). Obsessive Compulsive Treatment Trial: OCTET. Funding: NIHR HTA: £1.8m.
- Thompson, A. (Awarded 2011).** Data Management Planning and Storage for Psychology (DMSPpsych). Funding: JISC: £36,314.

Other currently active grants

- Barkham, M.**, Parry, G.D., **Hardy, G.E.**, **Kellett, S.**, Saxon, D., Chambers, E., & Shankland, M-C. The singer not the song: Determining the methodological requirements for a well-designed study of practitioner effects. Funding: Sheffield Health & Social Care Trust: £46,740.
- Byng, R., Sheaf, R., Taylor, R., Anderson, R., Reynolds, S., **Hardy, G.E.**, Glover, G. Leese, M. (2009-2012). SW IAPT Evaluation Study. Funding: South West Strategic Health Authority.

- Parry, G.D., **Barkham, M.**, Chambers, E., Curran, J., Dryden, C., & Saxon, D. Understanding and preventing adverse effects of psychological therapies: AdEPT. Funding: RfPB: £258,535.
- Parry, G.D. et al. (+ **Barkham, M.**, Dent-Brown, Freeman, **Hardy, G.E.**) (2008-2012). Collaborations for Leadership in Applied Health Research and Care - Improving Quality and Effectiveness of Services Therapies and Self-management of longer-term depression (IQUESTS). Funding: NIHR CLAHRC: £357,229 + £337,229 matched NHS and UoS funding.
- Richards, D. et al. (13 co-applicants including **Barkham, M.**) (2008-2012). Multi-centre randomised controlled trial of collaborative care for depression. Funding: MRC: £2,287,916.
- Gilbody et al. (12 co-applicants including **Barkham, M.**) (2008- 2011). REEACT: A randomised trial of the clinical effectiveness, cost effectiveness and acceptability of computerised Cognitive Behavioural Therapy (computerised CBT) versus anti-depressant medication for major depression. Funding: NIHR HTA: £1,488,378.
- Parry, G., **Barkham, M.**, **Hardy, G.E.**, Ricketts, T., Kendall, T., Barber, R., Houghton, S., Kaltenthaler, M., Brazier, J., Brennan, A., Saxon, D., Coleman, J., Chambers, E., Leach, C., Lucock, M., Dent-Brown, K., **Kellett, S.** & Hirst, C. (2009-13). Improving Quality and Effectiveness of Self-management, Therapies & Services of longer-term depression (IQuests). Funding: NIHR Collaborations for Leadership in Applied Research and Care: 304,926+ £337,229 matched funding.
- Norman, P., Goodacre, S., & **Thompson, A. R.** (Awarded 2009). Psychological distress and service use among non cardiac chest pain patients. Funding: MRC/ESRC Interdisciplinary Research Studentship: £62,692.
- Slade, P.** as co-applicant (2009-13). Psychological approaches for preventing perinatal depression antenatally – Cluster randomised controlled trial of community midwifery training. Funding: NIHR Leicester, Northants & Rutland CLAHRC: £555,463 plus matched funding.
- Downe, **Slade, P.** et al. Co investigator for ‘The Self-Hypnosis for Intrapartum Pain management (SHIP) trial Research for Patient Benefit (RfPB). (August 2010-2012). This is a liaison between Universities of Central Lancashire, Manchester, Sheffield and York. Funding: £239,253.
- West, M., Dawson, J., Onyett, S., Almo-Metaclfe, B., Middleton, H., **Hardy, G.E.**, Richter, A. (2008-2011). Effectiveness of multi-professional team working in mental health care. Funding: NIHR SDO: £485,000.

APPENDIX 4

HONORARY APPOINTMENTS IN CLINICAL PSYCHOLOGY

Honorary Reader in Clinical Psychology

Dr Gerry Kent

Honorary Lecturers in Clinical Psychology

Dr Jason Davies

Dr Claire Isaac

Dr Rebecca Knowles

Honorary Teachers in Clinical Psychology

Sheffield

Tina Ball

Gill Crow

Jenny Donnison

Mary Fearon

Mike Fitter

Fiona Goudie

Patricia Hall

Laura Hill

Steve Jones

Kathryn Lewis

Paul Manning

Sue Martindale

Hazel Reynders

Andrew Roberts

Shonagh Scott

Pete Walpole

Sharon Warden

Sara Whittaker

Amy Wicksted

Barnsley

Eamonn Wilde

Richard Rushe

Lisa Winter

Derby/Nottingham

Karen Scholes

Arleta Starza-Smith

Rotherham/Doncaster

Carolyn Lawson

APPENDIX 5

THE CENTRE FOR PSYCHOLOGICAL SERVICES RESEARCH (CPSR)

Background

The Centre for Psychological Services Research (CPSR) is a cross-Faculty, University of Sheffield research centre, a collaboration between the University's School of Health & Related Research (SchARR) and Department of Psychology.

The Centre is headed by Professor Michael Barkham within an executive group of senior investigators comprising Professors John Brazier (SchARR), Gillian Hardy (Clinical Psychology Unit/Psychology), and Glenys Parry (SchARR). Professor Parry leads the mental health group including CPSR staff within SchARR.

Strategic focus for 2011

Our strategy for 2011 has been to promote the philosophy and work of CPSR via a blended portfolio of research activity focusing on analyses of large practice-based data sets in service of identifying factors to enhance the effectiveness of psychological therapies service delivery.

New activity 2011

1. Brazier, J., **Barkham, M.**, Fitzpatrick, R., Keetharuth, A., Ricketts, T. (2011-13). Measuring Outcomes in Depression (MOD). Funding via Policy Research Programme, Department of Health plus £150,000 to support Sheffield & Bradford Trusts.
2. Halstead, J., Leach, C., Lucock, M., Clegg, C., **Barkham, M.**, Lambert, M., & Lutz, W. (2011-12). A feasibility study of the costs and benefits of providing session by session feedback to therapists of measures of patient symptoms and process [Funding: £137,000 NIHR-RfPB]
3. Lovell, K., Bee, P., Power, P., Roberts, C., Lidbetter, N., Mottram, P., **Barkham, M.**, **Hardy, G.E.**, Gilbody, S., McMillan, D., Torgerson, D., Reynolds, S., Gega, L., & Byford, S. (2011-2014). Obsessive Compulsive Treatment Trial: OCTET [Funding: £1.8m from NIHR HTA]

Scientific reports 2011

1. Parry, G., **Barkham, M.**, Brazier, J., Dent-Brown, K., **Hardy, G.**, Kendrick, T., Rick, J., Chambers, E., Chan, T., Connell, J., Hutten, R., de Lusignan, S., Mukuria, C., Saxon, D., Bower, P. & Lovell, K. (2011). *An evaluation of a new service model: Improving Access to Psychological Therapies demonstration sites 2006-2009*. Final report. NIHR Service Delivery and Organisation programme.
2. West M., Alimo-Metcalfe, B., Dawson, J., El Ansari, W., Glasby, J., **Hardy, G.E.**, Hartley, G., Middleton, H.,
3. Naylor, P.B., Onyett, S., Richardson, J. and Richter, A. (2011). *Effectiveness of multi-professional team working (MPTW) in mental health care*. SDO Report.

Key presentation 2011

1. **Barkham, M.** (2011, May). Invited keynote address. Re-privileging practitioners at the heart of practice-based evidence. BACP Research Conference, Liverpool.

Selected publications 2011

1. **Barkham, M., Hardy, G.E.**, Mogg, K. Bradley, B., Morley, S., Brewin, C.R., Hodgson, R., & Shapiro, D.A. (2011). Editorial – The *British Journal of (Social and) Clinical Psychology*: A brief citation review. *British Journal of Clinical Psychology*, 50, 1-6.
2. **Kellett, S.**, Bickerstaffe, D., Purdie, F., Dyke, A., Filer, S., Lomax, V., & Tomlinson, H. (2011). The clinical and occupational effectiveness of condition management for Incapacity Benefit recipients. *British Journal of Clinical Psychology*, 50, 164-177.
3. Mavranouzouli, I., Brazier, J., Young, T., & **Barkham, M.** (2011). Using Rasch analysis to form plausible health states amenable to valuation: the development of CORE-6D and CORE-Utility from CORE-OM in order to elicit preferences for common mental health problems. *Quality of Life Research*, 20, 321-333.
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December 2011

APPENDIX 6

Sheffield DClin Psy Programme Visits to Services 2011

Executive Summary

As part of ensuring good communication a senior member from programme team staff visits local services biennially. Six visits were made during 2011.

Notes of the meeting are compiled and a basic thematic analysis is completed. Service perspectives on training issues are therefore identified with both themes and individual points reported. Information is categorised under headings relating to suitability of trainees and graduates, placements, teaching, research, coursework, communication and other.

Services thought trainees who had successfully completed the Sheffield Programme were highly trained and met service needs well on qualification. There was strong enthusiasm to input both in teaching and the provision of placements. Communication with the Programme was generally viewed as very effective.

Key themes for further consideration included ensuring candidates selected for training places show robustness, organizational and communication capacities; considering whether transition from training to employment preparation could be enhanced, ensuring timely and accurate information to supervisors concerning trainees who would be coming on placement (particularly in the third year) and providing more information on the pool system for service evaluation. There were also further individual points which would be followed up.

This information will be fed back into the Course Training Committee for consideration in relation to setting of annual targets. The report and the response to the report including action points will be circulated to services in early 2012.

1. Background

As part of our way of ensuring good communication between services and the Sheffield training programme members of the DClin Psy programme team have regularly visited the various Psychology Services in the region who work in partnership with the University of Sheffield DClin Psy programme. Generally these visits have been approximately biennial with an open stakeholder event being held at the University on the alternate year.

These visits were carried out in 2011 on the behalf of the Course Training Committee with a view to obtaining feedback on the Programme.

Possible topics for discussion included the following :

- How have our graduates fared in newly qualified posts?
- Are we training the type of psychologist you wish to employ?
- Can we strengthen research and service evaluation links with your Service?
- How staff wish to input to and influence the organisation of the course
- Comments on effectiveness of communication with the Programme and how this could be enhanced
- Any other points that services wish to raise in relation to training

The aim was to allow an open opportunity for local clinical psychologists to raise any issue they wished and the main purpose for programme staff was to listen.

A senior programme team member from attended service meetings in Barnsley, Rotherham & Doncaster, Sheffield (3 separate trusts) and North Derbyshire.

2. Process

Contemporaneous notes were made and where required were informally verified by the chair of each meeting. A basic thematic analysis was then completed. Where a point was raised in more than one meeting it is identified as a theme in brackets. However many points were raised only once and do not therefore constitute themes and relate

to individual meetings. They are, however, incorporated and clearly identified as being raised only once as they potentially provide important information for the Course Training Committee to consider.

3. Findings

3.1. How have our graduates fared in newly qualified posts and are we training the type of psychologist services need for today's NHS?

Generally there were highly positive comments about trainees (Theme) and strong satisfaction with overall fitness for purpose on qualification (Theme). They were seen as highly valued members of staff who had been well trained.

Whilst this was universally the case for some services, 3 services also noted points for enhancement which they felt could be further emphasised for individuals at both selection and in training.

(i) The first concerned primarily personal attributes and attitudes but also capacity for clinical conceptualisations as follows (Theme):

- *A need for robustness rather than neediness*
- *An emphasis on a 'will do' attitude to contributing rather than an emphasis on own entitlement*
- *Having good organisational skills and time management*
- *Having the capacity to communicate effectively*
- *There needed to be a real emphasis on professionalism in all aspects of conduct*
- *Being able to develop appropriate clinical conceptualisations*

(ii) The second area concerned managing the transition from training to employment.

There was a need for clear understanding that on qualification trainees had to work at a high level and operate as experts on qualification because of banding whilst appreciating the expertise of teams around them. Trainees would benefit from greater experience of multiagency work and consultancy in preparation. (Theme)

Trainees needed to understand the need for high case loads and there was a suggestion these could be enhanced in training. (1)

Where qualification was delayed for any reason it was crucial that systems were in place so that employers could be provided with accurate information about progress. (1)

3.2 Placement and Placement issues

3.2.1 Placements

There was general willingness to provide placements at all stages of training and in particular to develop integrated placements across health and other areas. This applied across health and medical speciality areas and with other different aspects of service. (Theme)

There had been concerns about late changes in placement arrangements particularly about whether placements would proceed. This had been difficult for supervisors. There was also concern about lateness of planning third year placements. (Theme)

Office space for trainees was a limiting factor. (Theme)

Clarification in respect of the ACC (Theme): This related to the meaning and implication of a rating of partially achieved (1) and clarity around who had responsibility for first draft of ACC, trainee or supervisor. (1)

3.2.2 Preparation for placements

How to best prepare trainees and supervisors so that the benefits to training and services were maximised was a focus of several individual points and ideas.

There was a query as to whether trainees were more anxious about coming onto a physical health placement and could they be better prepared through the teaching (1). Staff would be happy to attend an annual review of clinical health teaching to consider this

Once service raised the importance of preplacement visit so that trainees could 'hit the ground running'(1).

Pen pictures and earlier notification of any adjustments required for trainees would be helpful in preparation. (1)

Another thought there was a need to highlight any trainee with little clinical experience for first year placement supervisors. (1)

One service asked whether could they have summary of teaching input so they know what trainees have covered before placement.(1)

Once service wanted to ensure trainees understood it was not necessarily possible to have a specialist 3rd year placement in an area in which a trainee wanted to work and that this was not an essential requirement for a post. (1)

3.3 Teaching

There was real enthusiasm for teaching on the Programme and generally this was experienced as very positive in terms of both administrative support and trainee responses. (Theme)

One service was keen there should be input to an annual review of teaching around clinical health (1) A concern was also expressed to ensure the programme was appropriately balanced across specialities and not only mental health focused (1)

A concern was raised about an instance of trainees leaving sensitive teaching sessions without prior discussion with teachers (1).

3.4 Research

There were 2 broad areas : one in relation to training and a second in relation to potential input from the CPU to trusts

3.4.1 Research training

Three points were raised in relation to training :

In the third year research could sometimes fragment placement time (1)

There was support for moving research earlier as planned by the course (1)

One service wanted more information about actual staff research interests and timing of the trainee research so they could be better involved. (1)

3.4.2 Input to trusts:

There was one query as to whether there was scope for CPU input to service research strategy and individual advice. (1)

3.5 Course work

3.5.1 Service evaluation

Opportunities for having trainees completing service evaluation work were very highly valued (Theme)

Some services would value knowing more about the service evaluation pool system process and timing (Theme)

One service would prefer service evaluation experience was focused in year 1 (1)

3.5.2 Single case

One service felt it was important for supervisors not to feel that single case work was prescriptive in any sense on how to manage cases (1)

3.6 Communication with the course

This was generally considered as very good indeed with particular praise for administrative support staff. (Theme)

There was one request that communications or request for information could be more limited and as brief as possible (1)

Another service suggested the value of standing item on their departmental meeting agenda and each service having a recognised link person (1)

In sections above already considered there are individual points to address around communication of service evaluations, curriculum and research timings for individual services

3.7 Other points

3.7.1 Training provided by CPU

There was a query as to whether the advanced supervision training was still running as this had been highly valued (1)

3.7.2 Accreditation by external bodies

One service were strongly in favour of D Clin Psy course experience being accredited by bodies representing different therapeutic approaches/areas of expertise with a view that such recognition would be of value to staff within service roles (1)

4.0 Conclusion

Overall services reported trainees being well trained for taking up posts in the NHS. There was enthusiasm for input both in teaching and placement provision. Communication with the programme was generally very good. Some areas for enhancement were identified and some useful suggestions made.

5.0 Next steps

The document will be reviewed by the Course Training Committee in December 2011 and will feed into annual targets. A response will be prepared by the Programme team and both this and the original document will be circulated to our local services.

Pauline Slade

30/11/2011

APPENDIX 7

Annual Feedback Report – Executive Summary

1. Background

This report summarizes the views of the Sheffield DClin Psy Programme stakeholder groups obtained through online survey questionnaires. The survey was sent to all trainees, supervisors, and external teachers. The findings from the questionnaires form part of the Course's internal quality monitoring process, and are fed back to the Course Training Committee via the Curriculum sub-Committee.

2. Response Rate

The response rate across each group was as follows: First Year group: 67% (12/18 questionnaires); Second Year group: 65% (13/20); Third Year group: 75% (15/20); Supervisors: 39% (32/82); External teachers: 24% (42/172). The first year trainee response rate of 67% is 18% lower than last year and the second year trainee response rates were 25% lower. However, the third year response rate of 75% was 5% higher than last year. External speaker response rates remained roughly the same this year, as 25% responded last year, however there was a marked increase in the number of responses from supervisors, from 19% last year.

3. Summary of Results

3.1 Trainee Feedback

The majority of trainees indicated that on the whole they felt positive about their training. This included teaching, placements and academic requirements. The first year trainees were again positive about the teaching on Psychological Therapies, although second year trainees indicated that they had insufficient teaching of psychological therapies for working with children and people with a learning disability. The first year trainees indicated that they would like more Forensic teaching, the second years, more teaching on organizational issues and the third years, more research skills teaching. Furthermore some trainees felt that diversity issues were not integrated well into teaching and there were overlaps in some of the teaching. With regards to academic requirements, case studies were viewed as particularly beneficial to learning across all years. Placements were also generally highly regarded, however there was some concern expressed about the process of placement allocation. Facilities were also generally viewed positively, although some trainees felt that the general library facilities and the third year trainees expressed dissatisfaction with the computers in CPU. Finally all years expressed satisfaction with the support systems and PPD provision, although some third year trainees indicated there found the Reflective Practice groups problematic.

3.2 Supervisor Feedback

Supervisors were generally very positive about the trainees and about the support and information they received from staff. As with last year, some supervisors thought that the information they received about trainees was also limited and sometimes out of date. Some supervisors also found the placement forms to be too long and time consuming. However on the whole supervisors were very positive about the standard and capability of trainees, and were happy with the communication between placement and the programme.

3.3 External Teacher Feedback

External teachers were very positive about their teaching experience and about most aspects of the support provided by staff. They indicated that they would welcome more information to help them contextualize their teaching with other teaching sessions, but otherwise the teachers indicated that they enjoyed teaching and found all members of the programme team and trainees helpful.

4. Action List

- Looking at ways to increase response rate of the Annual Feedback Questionnaire
- Review the feedback questionnaires
- Review the new PPD structure across the three years of training
- Review the Forensic and organisational issues teaching
- Consider ways of improving information provided to teachers
- Improve info on the web for placement supervisors

APPENDIX 8

List of Acronyms

ACC	Assessment of Clinical Competence
ACP	Academic Clinical Project
BPS	British Psychological Society
CAT	Cognitive Analytic Therapy
CLRN	Comprehensive Local Research Networks
CPD	Continuing Professional Development
CPF	Clinical Psychology Forum
CPPAB	Collaborative Placement Planning and Allocation Board
CPSC	Clinical Practice Sub-committee
CPSR	Centre for Psychological Services Research
CPU	Clinical Psychology Unit
CS	Case Study
CSC	Curriculum Sub-committee
CSIP	Care Services Improvement Partnership
CSUH	Central Sheffield University Hospitals
CTC	Course Training Committee
CTCP	Committee on Training in Clinical Psychology
DClin Psy	Doctor of Clinical Psychology
DCP	Division of Clinical Psychology
DDA	Disability Discrimination Act
EEB	External Exam Board
HPC	Health Professions Council
IAPT	Improving Access to Psychological Therapies
IEB	Internal Exam Board
IET	Independent Evaluation of Teaching
IPL	Interprofessional Learning
LeTS	Learning and Teaching Support
LSR	Library Seminar Room (Psychology Department)
MOLE	My Online Learning Environment
NSB	Non staffing budget
OCSA	Observed Clinical Skills Assessment (DClin Psy)
OSCE	Observed Structured Clinical Examination (IAPT)
P&PI	Public and Patient Involvement
PMG	Psychology Management Group
PPD	Personal and Professional Development
PQ	Post-qualification
PWP	Psychological Wellbeing Practitioner
REF	Research Excellence Framework

RHH	Royal Hallamshire Hospital
RP	Reflective Practitioner
RSC	Research Sub-committee
RTAG	Regional Training Advisory Group
RTP	Research Training Programme
SAQ	Short Answer Questions
SCH	Sheffield Children's Hospital
ScHARR	School of Health and Related Research
SETs	Standards of Education and Training (HPC)
SHA	Strategic Health Authority
SHSCT	Sheffield Health and Social Care Trust
SHSRC	Sheffield Health and Social Research Consortium
SIPS	Supervisors' Information Packs
SOPs	Standards of Proficiency (HPC)
SR1	Seminar Room One (Psychology Dept)
SSC	Selection Sub-committee
STH	Sheffield Teaching Hospitals
TIPS	Trainees' Information Packs
TUPE	Transfer of Undertakings (Protection of Employment) Regulations