### **Programme Specification**



University Of Sheffield.

### A statement of the knowledge, understanding and skills that underpin a taught programme of study leading to an award from The University of Sheffield

| 1  | Programme Title  | Clinical Psychology   |
|----|--|---|
| 2  | Programme Code   | PSYR09  |
| 3  | JACS Code / HECoS Code   | C842  |
| 4  | Level of Study   | Postgraduate  |
| 5a | Final Qualification  | Doctorate in Clinical Psychology (DClinPsy)                       |
| 5b | QAA FHEQ Level   | Doctoral level  |
| 6a | Intermediate Qualification(s)  | None  |
| 6b | QAA FHEQ Level   | Not applicable  |
| 7  | Teaching Institution (if not Sheffield)                              | Not applicable  |
| 8  | Faculty  | Science   |
| 9  | Department   | Psychology  |
| 10 | Other Departments providing credit bearing modules for the programme | None  |
| 11 | Mode(s) of Attendance  | Full-time   |
| 12 | Duration of the Programme  | 3 years   |
| 13 | Accrediting Professional or Statutory<br>Body                        | Health and Care Professions Council British Psychological Society |
| 14 | Date of production/revision  | December 2017, February 2025                                      |

#### 15. Background to the programme and subject area

The main purpose of the programme is to train graduate psychologists to doctoral level to enable them to become chartered and practitioner clinical psychologists who can meet the future client and organisational needs of the National Health Service (NHS). The programme was established in 1991 and currently has full approval by the Health and Care Professions Council (HCPC) and the British Psychological Society (BPS). The programme is organised by the University of Sheffield in partnership with Psychology service managers throughout Yorkshire and The Humber and the northern region of the East Midlands. The training contract is held by Health Education in Yorkshire and The Humber. The Sheffield Health and Social Care Trust currently employ trainees on the programme.

Further information can be accessed via the Clinical Psychology Unit website (<u>www.sheffield.ac.uk/clinicalpsychology</u>)

#### 16. Programme aims

The overall aim of the programme is to provide the training, at doctoral level, which is necessary for graduate psychologists, to be able to apply for registration with the Health and Care Professions Council (HCPC) as practitioner clinical psychologists and to apply to register with the British Psychological Society (BPS) as Chartered Clinical Psychologists. In keeping with the mission and aims of the University the programme aims to provide this training within a national centre of excellence for both professional training and clinical research. In addition, the programme will seek to be responsive to the local and national needs of the NHS.

Its aims are therefore for trainees to have:

- 1. The skills, knowledge and values to work within the legal and ethical boundaries as required by HCPC, the BPS and current legislation, and to act in the best interests of service users at all times.
- 2. The skills, knowledge and values to integrate psychological theory with practice in both academic and clinical work.
- 3. The skills, knowledge and values to develop evidence-based practice.

- 4. The skills, knowledge and values to respect, and so far, as is possible uphold, the rights, dignity, values and autonomy of every service user.
- 5. The skills, knowledge and values to work in partnership with other professionals, support staff, service users and their relatives and carers; to develop working alliances and understand the dynamics present in relationships, with clients, including individuals, carers, and/or services (e.g. team working), to carry out psychological assessment; to develop a formulation based on psychological theories and knowledge; to carry out psychological interventions; and to evaluate their work and the risks and these implications.
- 6. The skills, knowledge and values to communicate information, advice, instruction and professional opinion effectively with clients, referrers and others, orally, electronically and in writing throughout the care of the service user and be able to move between and use appropriate forms of communication (e.g. taking into account age, physical ability and learning ability).
- 7. The skills, knowledge and values to work effectively and in a non-discriminatory manner with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives.
- 8. The understanding of the importance of confidentiality, related governance, and the limits to this.
- 9. The skills and knowledge to be able to obtain informed consent, exercising a professional duty of care, which includes the recognition of situations where it is necessary to share information to safeguard service users or the wider public.
- 10. The skills, knowledge and values to work effectively with systems relevant to clients, including for example multi-disciplinary teams, statutory and voluntary services, self-help and advocacy groups, user-led systems, and other elements of the wider community, and working with other mental health professionals.
- 11. The skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare including planning, designing and delivering teaching and training, supporting the learning of others in the application of psychological skills and knowledge.
- 12. The skills, knowledge and values to conduct research and evaluation that enables the profession to develop its knowledge base, to monitor and improve the effectiveness of its work, to monitor and improve services.
- 13. The skills in managing personal learning agenda and self-care, and in critical reflection and selfawareness that enable transfer of knowledge and skills to new settings and problems.
- 14. The understanding of the obligation to maintain fitness to practice, which will include maintenance of high standards of personal and professional conduct, personal health, continuing professional development, and management of the impact of their practice.
- 15. The understanding of complex ethical and legal issues of any form of dual relationships and the power imbalance between practitioners and clients and how these can be managed appropriately.
- 16. To understand how to practice as an autonomous professional and exercise professional judgement and responsibility, and work at a level appropriate to training with the knowledge of the limits of one's own practice and when to seek advice or refer to another professional.

#### 17. Programme learning outcomes

| Knov | Knowledge and understanding:   |  |
|------|--|--|
| K1   | Contemporary theory in clinical psychology and related fields, including knowledge of health, disease, disorder and dysfunction, theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation, and how biological, sociological and circumstantial or life-event related factors impinge on psychological processes to affect psychological wellbeing. |  |
| K2   | The evidence base related to health care and the promotion of physical and psychological wellbeing.  |  |
| К3   | A range of models of assessment, formulation and intervention designed for individual clients, carers and service systems and the relationship between these processes. Methods for planning and evaluating assessments, treatments, and interventions based on a scientist practitioner and reflective practitioner model, including the involvement of service users and carers in such evaluations.                                       |  |

| K4  | Specialist client group knowledge across the profession of clinical psychology in a range of settings and services.  |
|-----|--|
| K5  | Psychological models relating to a range of presentations including acute to enduring and mild to severe presentations, problems with biological or neuropsychological conditions, and problems with mainly psychosocial factors such as problems with coping, adaptation and resilience to adverse circumstances and life events. |
| K6  | Psychological models relating to a range of presentations including acute to enduring and mild to severe presentations, problems with biological or neuropsychological conditions, and problems with mainly psychosocial factors such as problems with coping, adaptation and resilience to adverse circumstances and life events. |
| K7  | Psychological models related to working with individual clients, couples, families, carers, groups and at the organisational and community level and in a variety of settings including in-patient or other residential facilities with high-dependency needs, secondary health care and community or primary care.                |
| K8  | The impact of difference and diversity on people's lives, psychological wellbeing or behaviour, and its implications for working practices.  |
| K9  | The organisation and management structures within the NHS and other relevant health care and voluntary service settings, including current policies on health care planning, delivery and resourcing and the role of other professions and stakeholders in health and social care.   |
| K10 | Change and transition processes at the individual, group and organisational level.   |
| K11 | Leadership theories and models and their application to service-delivery and clinical practice, including evaluation and response to organisational and service delivery changes and the provision of consultation.  |
| K12 | Social approaches, such as those informed by community, critical and social constructivist perspectives.   |
| K13 | The impact of psychopharmacological and other clinical interventions on psychological work with clients.   |
| K14 | Advanced knowledge of quantitative and qualitative clinical research and service evaluation methods.   |
| K15 | Ethical issues related to research and the management of complex clinical cases.   |
| K16 | The importance of participation in training, supervision and mentoring for continuing professional development.  |
| K17 | Supervisory methods and processes, in the role of supervisee and supervisor.   |
| K18 | Consultancy models and the contribution of consultancy to practice.  |
| K19 | A professional and ethical value base including that set out in the HCPC Standards of conduct, performance and ethics and the BPS Code of Ethics and Conduct, the BPS Division of Clinical Psychology (DCP) statement of the Core Purpose and Philosophy of the profession and the DCP Professional Practice Guidelines.           |
| K20 | Establishing and maintaining a safe practice environment that minimises risks to service users and others, including awareness of applicable health and safety legislation and workplace policies and procedures.  |
| K21 | Professional principles and how these are expressed and translated into action through a number of different approaches to practice, and how to modify approaches to meet the needs of an individual, groups or community.   |
| K22 | Professional competence relating to personal and professional development and awareness of the clinical, professional and social context within which the work is undertaken.  |
| K23 | The profession of Clinical Psychology, including its history and the evolution of healthcare systems in the UK.  |
| K24 | Malpractice or unethical practice in systems and organisations and how to respond to this, including familiarity with 'whistleblowing' policies and issues.  |

| Skills and other attributes: Transferable skills. By the end of the programme, students will have the: |  |
|--|--|
| S1   | Skills to gather appropriate information, and to generalise and synthesise prior knowledge and experience in order to apply them in different settings and novel situations. |
| S2   | Skills to evaluate the applicability of scientific literature for clinical practice.   |
| S3   | Skills to apply scientific theory, models and evidence to clinical problems and data; to be able to demonstrate a logical and systematic approach to problem solving.        |

| S4     | Skills to reflect on their own clinical practice and scientific understanding and to be able to change their practice as needed to take account of new developments.  |  |
|--------|---|--|
| S5     | Skills to adapt communication to a variety of audiences and using a variety of methods, including the use of IT and other modes of communication.   |  |
| Skills | and other attributes: Subject Specific Skills. By the end of the programme, students will have the:   |  |
| S6     | Clinical and research skills to work effectively as a reflective practitioner and scientist practitioner; to be able to use research, reasoning and problem-solving skills to determine appropriate action; to be able to engage in evidence-based practice and evaluate practice systematically.   |  |
| S7     | Psychological assessment skills including undertaking and recording a thorough, sensitive and detailed assessment, developing and maintaining effective working relationships and appropriate use of a range of assessment methods, techniques and equipments. These methods should include competence in the use of standardised tests (formal assessment procedures), systematic interviewing procedures and other structured procedures and conducting appropriate risk assessment. The methods should be appropriate to the service user or carer, environment and the type of intervention likely to be required. Skills also include the ability to assess social context and organisational characteristics.   |  |
| S8     | Psychological formulation skills including: integration of assessment information, psychological models<br>and evidence (including interpersonal, societal, cultural and biological factors) and clients' perspectives;<br>use of formulation to plan interventions; and revising formulations where appropriate; use of formulation to<br>facilitate understanding with clients and other professionals; understanding the need to implement<br>interventions and care-plans in partnership with clients, other professionals and carers; being able to<br>critically evaluate risks and their implications.   |  |
| S9     | Psychological intervention skills (or the ability to undertake or arrange investigations as appropriate) including: the ability, on the basis of psychological formulation, to implement psychological therapy or other interventions to the presenting problem and to the psychological and social circumstances of the client; working collaboratively with individuals, couples, families, groups, carers, or services; working directly and indirectly; working in more than one recognised psychological intervention model; recognising when (further) intervention is inappropriate or unlikely to be helpful.   |  |
| S10    | Evaluation skills (monitoring and reviewing the ongoing effectiveness of planned activity and modifying it accordingly): to be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care; to be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user; to recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes; to be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately; recognise the value of case conferences and other such reviews. |  |
| S11    | The ability to communicate effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of audiences. To be aware of the characteristics and consequences of both verbal and non-verbal communication and how this can be affected by culture, age, ethnicity, gender, sexuality, religious beliefs and socio-economic status. To understand explicit and implicit communications in a practitioner - service user relationship.  |  |
| S12    | Understanding therapeutic techniques and processes as applied when working with a range of different individuals in distress, including those who experience difficulties related to anxiety, mood, adjustment to adverse circumstances or life events, eating, psychosis and use of substances, and those with somatoform, psychosexual, developmental, personality, forensic cognitive and neurological presentations.  |  |
| S13    | Ability to integrate and implement therapeutic interventions based on knowledge and practice in at least two evidence-based models of formal psychological therapy. This will include cognitive-behaviour therapy and at least one other evidence-based approach.   |  |
| S14    | Skills to teach to a variety of audiences and support the learning of others in the application of psychological skills, knowledge, practices and procedures.   |  |
| S15    | Ability, through supervision, to reflect on practice and making appropriate use of feedback received.   |  |
| S16    | Skills to make informed judgements on complex issues in specialist fields, often in the absence of complete information.  |  |
| S17    | Ability to exercise personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional practice.   |  |
|        |   |  |

| S18             | Skills to draw on psychological knowledge of complex developmental, social and neuropsychological processes across the lifespan to facilitate adaptability and change in individuals, groups, families, organisations and communities.  |
|-----------------|---|
| S19             | Ability to work effectively whilst holding in mind alternative competing explanations.  |
| S20             | Ability to provide expert psychological opinion and advice, including the preparation and presentation of evidence in formal settings.  |
| S21             | Ability to communicate through interpreters and an awareness of the limitations of this.  |
| S22             | Ability to be able to keep accurate, comprehensive and comprehensible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines. Ability to understand the need to use only accepted terminology in making records.  |
| S23             | Ability to make and receive appropriate referrals.  |
| Skills          | and other attributes: Research and Audit Skills. By the end of the programme, students will have:   |
| S24             | The ability to understand and use applicable techniques for research and academic enquiry, including qualitative and quantitative approaches.   |
| S25             | The ability to conduct service evaluation and small N research and to use appropriately to develop clinical practice and the skills to consider and apply appropriate levels of service user and public involvement in research.  |
| S26             | Ability to conceptualise, design, develop and conduct independent, original applied research of a quality to satisfy peer review and extend the forefront of the discipline.  |
| S27             | Understand research ethics and be able to apply them.   |
| S28             | Understanding of the need and value of undertaking clinical research and development post-qualification including skills in the dissemination of research and audit findings to both peer and public audiences.   |
| S29             | Skills to evaluate the effectiveness, acceptability and other broader impacts of interventions or service structures and auditing clinical effectiveness.   |
| S30             | Skills to critically appraise academic and research literature and to recognise the value of research to the critical evaluation of practice, including an understanding of statistical and clinical significance.  |
| Skills<br>have: | and other attributes: Personal and Professional Skills. By the end of the programme, students will  |
| S31             | Developed an ethical and professional value base.   |
| S32             | The skills to manage effectively issues of difference and diversity within clinical practice.   |
| S33             | The ability to manage effectively their own personal learning needs.  |
| S34             | The ability to understand the value of reflexivity and reflection on practice and the need to record the outcome of such reflection.  |
| S35             | The ability to develop the skills to manage the impact of clinical practice and seek appropriate support, when necessary, with good awareness of boundary issues.   |
| S36             | An understanding of the inherent power imbalance between practitioners and clients and how abuse of this can be minimised.  |
| S37             | The skills to work collaboratively and constructively with colleagues and service users.  |
| S38             | An understanding of the impact of one's own value base on clinical practice.  |
| S39             | Monitoring and maintaining the health, safety and security of self and others.  |
| S40             | Developed leadership qualities.   |
| Skills          | and other attributes: Service Delivery Skills. By the end of the programme, students will have:   |
| S41             | Ability to work with users and carers to facilitate their involvement in service planning and delivery.   |
| S42             | Understanding of the need to maintain the safety of both service users and those involved in their care.  |
| S43             | Understanding of the principles and processes of quality assurance and engage in quality assurance programmes where appropriate; to be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures; to be able to maintain an effective audit trail and work towards continual improvement. |
|                 |   |

| S45 | Ability to conduct consultancy.  |  |
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| S45 | Ability to work effectively with formal service systems and procedures.  |  |
| S45 | The skills to work effectively as part of a multidisciplinary team and to understand mental health and other legislation and the role of the psychologist. |  |

#### 18. Teaching, learning and assessment

# Development of the learning outcomes is promoted through the following teaching and learning methods:

The programme has four main methods of teaching and learning: academic programme, clinical placements, research training and personal and professional development. Throughout the programme there is an emphasis on the integration of theoretical and clinical knowledge.

The academic programme is delivered through a variety of methods: formal lectures, skills-based workshops, seminars, case workshops. These methods are supported through academic tutorials and guided reading.

Trainees present their own cases, which facilitates theoretical-practice links. Trainees are allocated a Personal Tutor whose role is to assist in the learning process and provide support throughout training. Yearly review meetings are held between the trainee, their Personal Tutor and their Clinical Tutor to clarify each trainee's individual progress through all aspects of the programme and to clarify future training objectives. There is a budget for trainees to apply to attend clinical workshops/conferences to develop identified training needs or interests.

Clinical skills are developed on clinical placements where trainees are involved in supervised clinical work, supported by teaching from the academic programme. On placement they will observe others, be observed and tape their clinical work for supervision. Supervisors on clinical placement will offer additional relevant guided reading. Clinical tutors provide support and planning for each trainee for each placement's learning aims and objectives.

Research training is gained through formal teaching and practical sessions, workshops, seminars, research presentations, and the supervision of research projects. Research and statistical support are available to trainees. All projects have to meet either the NHS Research Governance or University Research Governance standards depending on the focus of the study. All projects have to receive ethical review (either University or NHS as appropriate).

Personal and professional development is promoted through specific teaching sessions, a "buddy" system, personal tutors and Balint-type and reflective practitioner groups. Each trainee is also allocated a mentor, a clinical psychologist, who provides an opportunity to discuss personal and professional issues arising out of training, in confidence outside of the programme.

# Opportunities to demonstrate achievement of the learning outcomes are provided through the following assessment methods:

The assessments provide trainees with formative as well as summative learning. The assessed coursework includes:

- Empirical Skills Exam
- Observed Clinical Skills Assessment (OCSA)
- Clinical Practice Reports
- Academic Clinical Project 1: Single Case Study
- Academic Clinical Project 2: Professional Issues Essay
- Research Thesis

Clinical placements are assessed through clinical supervisors' Assessment of Clinical Competence. Knowledge and Understanding (K1 – K24) are assessed via:

- Empirical Skills Exam
- Academic Clinical Projects
- Research Thesis
- Clinical Practice Reports

• Assessment of Clinical Competence

Transferable Skills (S1 – S5) are assessed via:

- Academic Clinical Projects
- Research Thesis
- Clinical Practice Reports
- Empirical Skills Exam

Subject Specific Skills (S6– S23) are assessed via:

- Clinical Practice Reports
- OCSAs
- Assessment of Clinical Competence

Research and Audit Skills (S24 - S30) are assessed via:

- Academic Clinical Projects
  - Research Thesis
- Empirical Skills Exam

Personal and Professional Skills (S31 – S40) are assessed via:

- Clinical Practice Reports
- OCSAs
- Assessment of Clinical Competence

Service Delivery Skills (S41 – S47) are assessed via:

- Assessment of Clinical Competence
- Clinical Practice Reports

#### 19. Reference points

The learning outcomes have been developed to reflect the following points of reference:

Subject Benchmark Statements

https://www.qaa.ac.uk/quality-code/subject-benchmark-statements

Framework for Higher Education Qualifications (2024) https://www.qaa.ac.uk/the-quality-code/qualifications-frameworks#

University Vision and Strategic Plan <u>https://www.sheffield.ac.uk/vision</u>

Health and Care Professions Council (see http://hcpc-uk.org)

Standards of Education and Training Standards of Proficiency

Guidance on Conduct and Ethics British Psychological Society (see <a href="http://www.bps.org.uk/index.cfm">http://www.bps.org.uk/index.cfm</a>):

Code of Ethics and Conduct; Code of Human Research Ethics;

Division of Clinical Psychology Statement of Core Purpose and Philosophy; Division of Clinical Psychology Professional Practice Guidelines;

Standards for the accreditation of doctoral programmes in clinical psychology

QAA level indicators

Projected National Occupational Standards of the British Psychological Society

#### 20. Programme structure and regulations

The programme is a partnership between the University and clinical psychologists working within Yorkshire and the Humber. Accordingly, staff associated with the programme are members of the Department of Psychology, including the clinical tutor team, clinical supervisors throughout Yorkshire and the Humber and the northern region of the East Midlands and members from other departments of the University. The structure of the 3-year programme comprises teaching blocks, day release teaching, clinical placements and private study time. This structure enables theory-practice links to be maintained throughout the programme. During the first year there is an introductory teaching block of three weeks.

This is followed by two five-month clinical placements separated by a two-week mini-block. When on placement trainees attend the university for teaching, for between one and three days during semester time. The second year consists of two five-month clinical placements, the first introduced by a three-week teaching mini-block, and the second by a one-week teaching mini-block. During semester time, year two trainees attend teaching sessions in the university one day per week. In the third-year trainees attend one teaching block at the beginning of the year and then two five-month clinical placements. Year three trainees attend teaching sessions in the university one day per week during the semester times. Private study days and research days are provided throughout the programme.

#### Academic

The curriculum is designed to reflect a developmental progression from working individually with clients (Year 1) to working with systems, families and groups (Year 2) to specialist and organisational level work (Year 3). This progression is reflected throughout the teaching, which is grouped into themes. There are four themes that run through all three years and are designed to cover the learning outcomes. The first theme comprises knowledge and understanding of *Psychological Models, Theories and Evidence Base*; and the second theme *Clinical skills*. These two themes each occupy about 30% of the teaching time, and primarily cover the learning outcomes 'Knowledge and understanding' and 'Subject specific skills. The teaching in these themes includes psychological assessments, formulations and interventions across a wide span of client groups and a variety of therapeutic approaches. The third and fourth themes cover *Research skills* and *Professional & Ethical Skills*, and each occupy about 20% of the teaching time. These themes cover the learning outcomes 'Transferable skills' and 'Personal and professional skills. Throughout the teaching programme the integration of theory with practice is encouraged, and there are opportunities for trainees to reflect on their own practice and understanding. The remaining time in the curriculum is reserved for essential employee and academic support, including NHS trust mandatory training; introduction to professional bodies; and academic support (e.g. personal tutor).

#### **Clinical Experience**

Clinical placements and the academic programme are designed to link with each other wherever possible. In line with the academic programme, trainees work with clients across the lifespan, and with carers and service systems. In the first-year placement experience is focused on work with individuals, often for adults within Adult Mental Health services, Older Adults, Health and Medical and Psychosis and Recovery services. In the second- year placement experience focuses on direct work and working with carers and staff often in services for children, adolescents and families, and people with learning disabilities. In year three optional placements are available, although this is dependent on the training requirements of each trainee. Trainees complete six approximately 5-month placements over the three years of the programme. Over the programme each trainee will gain experience across a range of service settings, including primary care, community, residential and day services and with clients presenting a wide variety of problems, who have a range of abilities, including communication problems. There is a wide range of placements available, including psychosis and recovery, primary care, psychotherapy, neuropsychology, addictions, medical psychology, forensic work, adult mental health services, child and adolescent mental health services, older adult mental health services, people with learning disabilities services. Clinical supervisors work in the service setting of the trainees' placements and are usually qualified clinical psychologists with at least two years' experience. During each placement clinical tutors will discuss the placement aims and activities and review progress mid-way through the placement. At the end of the placement the trainee and clinical supervisor meet to discuss their respective feedback forms, including the supervisor's Assessment of Clinical Competence.

#### Research

Research teaching is provided throughout the three years of the programme. This teaching is supplemented by the experience gained by trainees in conducting and submitting four pieces of research related work: a literature review; a single case study; a service evaluation project; and a research thesis. Specific teaching on all of these pieces of work is offered through workshops, group tasks, interactive teaching and personal supervision. Topics for the research thesis are based on the available expertise within the department and usually also developed in

collaboration with NHS colleagues. A research supervisor, from the academic staff group and usually an additional supervisor from the NHS, are allocated to each trainee in their second year. The personal tutor is available to assist trainees with any concerns about their coursework in general and will alongside

Detailed information about the structure of programmes, regulations concerning assessment and progression, and descriptions of individual modules are published in the University Calendar available on-line at <a href="http://www.sheffield.ac.uk/calendar/">http://www.sheffield.ac.uk/calendar/</a>.

#### 21. Student development over the course of study

Throughout the programme there are various assessed pieces of coursework that must be submitted, plus assessments at the end of each placement: Assessment of Clinical Competence 1 to 6 (ACC1-6). The assessed coursework includes Empirical Skills Exam, ESE); Clinical Practice Reports 1 to 2 (CPR 1 & 2); Clinical Practice Assessed Presentation (CPAP) Observed Clinical Skills Assessment (OSCA); Academic Clinical Project 1 (ACP 1 - Professional/ ethical issues essay), Service Evaluation Project; ACP 2); and Research Thesis. To qualify for the D Clin Psy trainees must pass all pieces of coursework and Assessments of Clinical Competence. The following assessments must be passed to progress to the next year or graduate:

For the full-time programme:

Year 1: ACP1, CPR 1; OSCA; ACC1 and ACC2.

Year 2: ESE, ACP2; CPR 2, ACC3 and ACC4.

Year 3: CPAP, ACC5, ACC6 and Research Thesis

#### 22. Criteria for admission to the programme

Admission criteria can be found on the departmental website: www.sheffield.ac.uk/clinicalpsychology/programmes/doctor/entry

#### 23. Additional information

This specification represents a concise statement about the main features of the programme and should be considered alongside other sources of information provided by the teaching department(s) and the University. In addition to programme specific information, further information about studying at The University of Sheffield can be accessed via our Student Services web site at <a href="http://www.shef.ac.uk/ssid">http://www.shef.ac.uk/ssid</a>.