The Assessment of Clinical Competencies (ACC) document is intended to facilitate a competency model of training and to track trainees’ development within and across placements. A completed ACC form is to be submitted by the trainee at the end of each placement. This document offers guidance for the placement visits and completion of a new and briefer ACC document.

Below is guidance on the completion of the Assessment of Clinical Competencies Form and how it should be used within placement meetings. It should be emphasised that, although either the trainee or supervisor is given primary responsibility for completing different sections of the form, this should always be based on discussion and joint agreement. This process of negotiation is considered important as the trainee is assumed to be most aware of her or his learning needs (particularly at the start of the placement) and the supervisor has knowledge about the service and how competencies might be developed within this specific context.

**Initial Placement Meeting**

<table>
<thead>
<tr>
<th>Prior to Initial Placement Meeting</th>
<th>Responsibility for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC Section</td>
<td></td>
</tr>
<tr>
<td>Placement Induction and Contracting (including supervision contract)</td>
<td>Trainee</td>
</tr>
<tr>
<td>Placement Aims and Objectives – Summary</td>
<td>Trainee</td>
</tr>
<tr>
<td>12 Competencies: Specific Learning Objectives</td>
<td>Trainee</td>
</tr>
<tr>
<td>12 Competencies: Placement Plan</td>
<td>Trainee</td>
</tr>
<tr>
<td>Provide copies of form completed so far for Clinical Tutor and Supervisor for placement meeting</td>
<td>Trainee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At Initial Placement Meeting</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Tutor to bring completed ACC from last placement to enhance developmental continuity.</td>
<td></td>
</tr>
<tr>
<td>Clinical Tutor to lead Initial Placement Meeting for first placement, trainee to lead Initial Placement Meetings thereafter.</td>
<td></td>
</tr>
<tr>
<td>The trainee sends the Clinical Tutor a copy of the ACC within <strong>two weeks</strong> of the IPM.</td>
<td></td>
</tr>
</tbody>
</table>
**Mid-Placement Meeting**

### Prior to Mid-Placement Meeting

<table>
<thead>
<tr>
<th>ACC Section</th>
<th>Responsibility for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Competencies: Mid-Placement Meeting</td>
<td>Trainee</td>
</tr>
<tr>
<td>Overall Assessment by Supervisor of Trainee</td>
<td>Supervisor</td>
</tr>
<tr>
<td>Overall Assessment of placement so far by Trainee</td>
<td>Trainee</td>
</tr>
<tr>
<td>Provide copies of ACC and placement log completed so far for Clinical Tutor and Supervisor for Mid-Placement Meeting</td>
<td>Trainee</td>
</tr>
</tbody>
</table>

### At Mid-Placement Meeting

Trainee to lead Mid-Placement Meeting

<table>
<thead>
<tr>
<th>ACC Section</th>
<th>Responsibility for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of Recommendations from MPM</td>
<td>Clinical Tutor</td>
</tr>
</tbody>
</table>

### End of Placement

### Prior to End of Placement

<table>
<thead>
<tr>
<th>ACC Section</th>
<th>Responsibility for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Competencies: End of Placement Report (summary, strengths, developmental needs and rating)</td>
<td>Supervisor</td>
</tr>
<tr>
<td>Overall Assessment by Supervisor of Trainee (including overall rating)</td>
<td>Supervisor</td>
</tr>
<tr>
<td>Summary of Recommendations for Further Development</td>
<td>Supervisor and Trainee</td>
</tr>
<tr>
<td>Placement Audit</td>
<td>Trainee (+ section to be completed by supervisor)</td>
</tr>
<tr>
<td>Record of Placement Activity</td>
<td>Trainee</td>
</tr>
<tr>
<td>Placement Log (update at end of each placement but not submitted until 3rd year)</td>
<td>Trainee</td>
</tr>
</tbody>
</table>
FURTHER GUIDANCE REGARDING COMPLETION THE ACC
AT DIFFERENT POINTS IN THE PLACEMENT

1. Start of Placement

12 Competencies: Specific Learning Objectives, the ‘Whats’…
These should be completed in detail by the trainee after discussion with the supervisor prior to the Initial Placement Meeting, such that the aims are meaningful and specific to the individual and form a basis for detailed discussion with the Clinical Tutor. It is intended that the three-way meeting can focus on how the trainee hopes to see development across the placement take place, rather than time being used for completing the ACC.

Guidance on areas that might be covered in completing the 12 competencies is given below.

SECTION 1: RELATIONSHIP BUILDING
Ability to:
• Show sensitivity towards and demonstrate empathic and respectful attitude to clients and carers.
• Establish clients’ and carers’ trust and confidence and form effective therapeutic alliances.
• Show an awareness of boundary issues.
• Demonstrate an awareness of ending issues from the outset.
• Establish staff members’ trust and confidence, showing sensitivity to staff communications.
• Develop relationships with staff in other disciplines and/or formal carers, in order to facilitate interventions and provide the best care for clients.
• Develop effective working relationships with supervisor(s).
• Demonstrate skills in managing challenging relationships and situations.

SECTION 2: PSYCHOLOGICAL ASSESSMENT
Ability to:
• Identify and assess health and social care needs of a range of clients in a variety of contexts.
• Interview and take a detailed history from clients, taking account of a range of psychological, developmental, social and physical/biological factors.
• Select, use and interpret a broad range of appropriate assessment methods, e.g. formal procedures, systematic interviewing, structured and idiosyncratic methods.
• Administer and interpret psychometric assessments (including WAIS, WISC and memory test).
• Conduct appropriate risk assessment.
• Identify need for involvement of other services/agencies and make appropriate referrals where necessary.
• To undertake assessments with carers as appropriate and relevant to the clinical work.
SECTION 3: PSYCHOLOGICAL FORMULATION
Ability to:
- Develop formulations of presenting problems or situations, integrating information and evidence from assessments, incorporating inter-personal, societal, cultural and biological factors.
- Draw on theoretical psychological models to inform formulation.
- Show capacity to reformulate problems in light of further information and ongoing intervention.
- Use formulations with clients to facilitate their understanding of their experience.
- Use formulations to plan appropriate interventions that take the client’s perspective into account.
- Use formulations to aid inter-professional understanding.
- Demonstrate an awareness of the multiplicity of formulations and work effectively whilst holding competing explanations in mind.
- To ensure that Assessment, Formulation and Intervention are, as far as possible, collaborative processes with service users and carers, and to ensure appropriate feedback mechanisms (e.g. incorporating other perspectives into the formulation).

SECTION 4: PSYCHOLOGICAL INTERVENTION
Ability to:
- Demonstrate an awareness of local and national guidelines / best practice in relation to development of psychological intervention.
- Carry out procedures, intervention and treatment appropriate to the presenting problem and to the psychological and social circumstances and organisational context of the client(s).
- Apply knowledge flexibly to clinical problems, e.g. adapt theoretical ideas to specific presentations, understand the meaning of theory for practice, generalise and synthesise prior knowledge and experience, devise innovative procedures.
- Work collaboratively with others to implement intervention where appropriate, e.g. clients, partners, carers, couples, families, groups, services, colleagues.
- Monitor risk and understand the need to maintain the safety of clients and others.
- Have an awareness of termination issues, recognise when to stop intervention and communicate this sensitively to others.

SECTION 5: EVALUATION
Ability to:
- Select and implement appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organisational) and use this to inform and shape practice.
- Audit clinical effectiveness through use of individual and departmental evaluation/auditing procedures.
- Identify and critically appraise research evidence relevant to clinical practice.
- Seek feedback from service users and carers about your individual and group work together (e.g. client satisfaction surveys, therapy measures) and wider service issues, and use this to inform and develop practice.
SECTION 6: COMMUNICATION

Ability to:

• Express aims and nature of assessment and intervention clearly and demonstrate careful assessment of outcome, when reporting to and liaising with clients and colleagues.
• Demonstrate clarity, appropriateness and timeliness of written, verbal and electronic communication.
• Communicate clinical and non-clinical information effectively in a style appropriate to a variety of different audiences.
• Adapt style of communication to people with a wide range of cognitive functioning, sensory acuity and modes of communication: verbal, electronic, written.
• Demonstrate skill in the use of information technology for recording and communicating information

SECTION 7: SERVICE DELIVERY

Ability to:

• Understand team structures and effective team functioning through theoretical knowledge of group dynamics.
• Understand professional roles of all team members.
• Understand change processes in service systems.
• To consider ways in which service user and carer groups may be advantaged/disadvantaged.
• Develop the skills, knowledge and values to work effectively with systems, organisations and contexts relevant to clients including: statutory and voluntary services, self-help and advocacy groups, user-led systems and the wider community.
• Contribute to interprofessional and multi-disciplinary team activities, including meetings, case conferences and reviews.
• Work with users and facilitate involvement in service planning and provision.
• Understand and use consultancy models and how consultancy contributes to practice.
• Observe and understand leadership in practice.
• Understand and participate in quality control and quality assurance processes.
• Demonstrate an awareness of the legislative and national planning context of service delivery and clinical practice.

SECTION 8: TEACHING AND TRAINING

Ability to:

• Prepare and provide formal and informal teaching, training and seminars (considering aims, needs of participants, facilities available and the use of different teaching formats).
• Facilitate the co-operative engagement of training group/individual (use of language, awareness of response of training audience and adaptation of content to a changing process).
• Monitor effectiveness of teaching/training, using structured and unstructured feedback mechanisms and self-appraisal.
SECTION 9: DIVERSITY

Ability to:

• Promote and practice understanding and respect for others’ personal and professional culture, values and belief systems, unless these are unlawful and/or potentially harmful to others.

• Consider the impact that clients and professionals have on you in your work and the impact that you have on clients and other professionals in terms of difference and diversity (for example, how perceptions, beliefs or stereotypes about people from both similar and different backgrounds to you might impact on your clinical work; an awareness of how others may perceive the role of a Trainee Clinical Psychologist).

• Demonstrate an awareness and understanding of how you would manage oppressive and discriminatory practices should you encounter them.

• Be aware of, and continue to reflect on, as a routine part of your clinical practice, inherent power imbalances in relationships, services and systems (for example, the relationship between client and therapist) and the potential for these to be helpful or abusive.

• Demonstrate an awareness of the ways in which NHS, statutory and voluntary services are provided and the degree to which they do, or do not, reflect the diversity and needs of the multiple communities and cultures they serve.

SECTION 10: PERSONAL AND PROFESSIONAL DEVELOPMENT

Ability to:

• Observe professional standards and maintain a professional and ethical value base, including that set out in the HCPC standards of conduct, performance and ethics and Guidance on conduct and ethics for Students and the BPS Generic Professional Practice Guidelines.

• Show sensitivity to the demands made in law and the professional regulation of all professions to ensure an inter-professional approach to the exercise of duty of care.

• Ensure confidentiality and informed consent, which underpins all contact with clients and research participants.

• Work effectively at an appropriate level of autonomy with awareness of limits of own competence, and accept accountability to relevant professional and service managers.

• Effectively organise workload and manage priorities and competing demands.

• Show a degree of independence appropriate to stage of learning, i.e. be able to take responsibility and carry out work after general discussion, and recognise when further consultation is necessary.

• Develop self-awareness and explore impact of self on others and vice-versa.

• To reflect on your own experiences as a patient and/or carer and to consider how this may compare and contrast with clients’ experiences of mental health services.

• Manage own personal learning needs and develop strategies for meeting these.

• Develop strategies to handle emotional and physical impact of own practice, seek appropriate support where necessary, and attend to self-care with good awareness of boundary issues (being aware of issues relating to fitness to practice).

• Adhere to service courtesies, dress code, punctuality, health and safety, confidentiality, and other minimum quality standards.
It is unlikely that all the suggested points for development in each competency section (1-12) are a focus for the placement, but inevitably some will be a feature of most placements (e.g. in Section 1). Some placements will focus on development of certain competencies and less so on others. All points in the boxes should have been addressed by the end of training. The competencies in the boxes are intended to be broad. The task for the trainee and supervisor is to agree and articulate what this means specifically for this placement, for this trainee at this point in training. It is not sufficient to copy ‘all of the above’ for each of the sections.

An example is given overleaf as to what this might look like:

### SECTION 11: SUPERVISION

Ability to:
- Understand the function of supervision and be able to use this effectively.
- Understand supervisory methods (including creative approaches), roles and processes for both supervisee and supervisor.
- Be prepared for supervision, open to learning and responsive to feedback.
- Offer and receive ideas and constructive criticism.
- Think critically and reflectively, and evaluate work in supervision.
- Use supervision to discuss support issues and needs.
- Show awareness of boundaries between supervision and personal support.
- Demonstrate skills in the provision of supervision at an appropriate level, within own sphere of competence.

Learn experientially by:
- Observation of supervisor (clinical assessment, formulation and intervention).
- Working jointly with supervisor where appropriate.
- Being observed by supervisor (clinical assessment, formulation and intervention) via live supervision, role-play, video, audio-tape.

### SECTION 12: RESEARCH

Ability to:
- Conduct Service Evaluation and small n research.
- Conduct case studies, single case experimental design, SAQs.
- Identify research questions, understand ethical questions, choose appropriate methodology, report and select appropriate pathways for dissemination.
- Use databases for audit, evaluation and research purposes.
EXAMPLE

Section 2: Psychological Assessment

Ability to:

• Identify and assess health and social care needs of a range of clients in a variety of contexts.
• Interview and take a detailed history from clients, taking account of a range of psychological, developmental, social and physical/biological factors.
• Select, use and interpret a broad range of appropriate assessment methods, e.g., formal procedures, systematic interviewing, structured and idiosyncratic methods.
• Administer and interpret psychometric assessments (including WAIS, WISC and memory test).
• Conduct appropriate risk assessment.
• Identify need for involvement of other services/agencies and make appropriate referrals where necessary.
• To undertake assessments with carers as appropriate and relevant to the clinical work.

SPECIFIC LEARNING OBJECTIVES:

➢ **Maintaining focus and purpose in assessment sessions.** Identify and/or be more explicit about aims of assessment; providing general information about therapy offered (i.e. weekly sessions, time limits/end dates, CBT/CAT basic principles); setting out and discussion of mutual expectations (i.e. time-keeping, collaborative working, setting goals, homework assignments); barriers to achieving focus and purpose (i.e. own ‘blind spots’, client characteristics and relationship processes).

➢ **Risk Assessment** – undertake these where they arise in a directive but collaborative manner with clients: make an accurate record of needs and/or safety plans. Communicate with third parties appropriately and sensitively where needed.

➢ **Experience of psychometric assessment of cognitive functioning** – develop skills in administration and interpretation of WAIS-IV and other tests used within the service. Gain further understanding of issues of consent and communicate effectively with client and others regarding process and outcome.

12 Competencies: Placement Plan, the ‘Hows’…

This section details how the competencies are to be developed, within the experiences available during the placement. The example above is continued below:
2. End of Placement

Guidance for supervisors regarding how to complete the rating box for each of the 12 competencies:

**Achieved** – this means the trainee has achieved the specific learning objectives agreed at the Initial Placement Meeting with respect to that competency.

**Partially Achieved** – the trainee has achieved some or most of the specific learning objectives agreed at the Initial Placement Meeting with respect to that competency. Although a ‘partially achieved’ rating indicates that this is an area requiring specific attention on subsequent placements, it is not sufficient grounds to consider failing a placement.

If a number of areas are deemed partially achieved with respect to the specific learning objectives for that placement, then this might be considered by the supervisor to be indicative of a failed placement. In this instance, the supervisor is strongly advised to discuss the implications of their rating with the trainee and clinical tutor.

**Not Achieved** – the trainee has not achieved the specific learning objectives agreed at the Initial Placement Meeting with respect to that competency and is grounds for failing the placement.

**Deferred to Next Placement** – the trainee has not achieved the specific learning objectives agreed at the Initial Placement Meeting with respect to that competency. However, this is due to there being a lack of opportunity on this particular placement to develop and demonstrate competency in this area. This might have been anticipated at the outset of the placement, or be due to unforeseen circumstances.

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**EXAMPLE**

**PLACEMENT PLAN:**

- Exposure to assessment with a view to 1:1 therapeutic work with adult population (undertake assessment interviews).
- Use assessment proforma/prompts in session.
- Use role-play and tapes to develop skills.
- Guidance and monitoring of performance via supervision, records of sessions and supervision log.
- Collate information (e.g. BPS, service guidelines) on record keeping and risk assessment.
- Observe supervisor administering the WAIS-IV (and another test)
- Administer test(s) myself with at least one client. If possible, be observed and receive feedback from supervisor. Read and discuss interpretation within supervision.
- Draft report and obtain feedback on this from supervisor.