Clinical Psychology Unit
Doctor of Clinical Psychology

Annual Placement Report

November 2016

Department Of Psychology Faculty of Science
in collaboration with

NHS Yorkshire and the Humber and local Psychology Services
Executive summary

Data from 77 placements have been collected and evaluated for the period October 2015-October 2016. These span the three trainee year groups. This is the second year that we have collected information based upon the BPS Standards for Accreditation of DClinPsy Programmes\(^1\) (2014) enabling some comparison to the previous year’s placement audit report.

Resources on placement remain consistently available to the majority of trainees. Safe working conditions were recorded as always available on the majority of placements, although one 2\(^{nd}\) year and two 3\(^{rd}\) year placements rated these as available most and not all the time. A very small number of placements in the 2\(^{nd}\) and 3\(^{rd}\) years showed some variability of access to secretarial support and bookable clinical rooms. Having an exclusive use of a desk on placement days and access to a quiet space for study was also difficult to provide on a small number of placements.

Supervision, both the availability of and quality of, continues to be rated highly by trainees, with the majority of placements rating these as always to mostly available and Excellent to Good respectively, although three 1\(^{st}\) year placements, six 2\(^{nd}\) year and two 3\(^{rd}\) year placements rated access to an emergency contact as only available most, not all, of the time. Opportunities to be observed and observe supervisors are available to the majority of trainees. 100% of first and second years and 89% of third years were observed in their clinical work on every placement. The majority of trainees in years 1 (80%) and 2 (90%) were observed more than twice, although this figure dropped slightly in the 3\(^{rd}\) year (72%). The vast majority of Trainees (90% or more) also had the opportunity to observe their supervisors in a clinical role and non-clinical role.

Opportunities to develop core competencies were again described as Excellent to Good on the majority of placements, and reflected the general progression of a

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focus on clinical skills building in the first year, to more opportunities for building competency in Research and Evaluation and Service Delivery/ Organisational Influence in the 2nd and 3rd year. However, these wider organisational and systemic competencies were also more readily available in the 1st and 2nd year in comparison to last year.

There are a range of therapeutic models identified by trainees as being used both in supervision and clinical practice across the year groups, with CBT being the most predominantly used model across the year groups. CAT is widely used model in the 1st and 3rd years, with Systemic approaches predominant in the 2nd year and popular in the 3rd year. ‘Third wave’ approaches such as ACT and CFT are also frequently discussed in supervision and used across the year groups. Psychodynamic psychotherapy was more often discussed in supervision than implemented in practice, although specific placements highlighted this as the dominant model. Neuropsychological models were used across the year groups. Trainee’s noted the use of therapeutic approaches such as Attachment based work and Positive Behaviour approaches in the 2nd and 3rd year.

Conclusions

The data collected and evaluated points to the vast majority of placements provided continuing to meet the BPS standards set in the 2014 accreditation guidance. Overall, the feedback from trainees remains positive and reflects the hard work that our supervisors put into providing high quality placements, against a backdrop of continued organisational challenge and pressure.

Individual responses were examined to check for any recurring themes around resources on specific placements, but these showed that ratings varied across placements rather than relating to single placement issues. There will be discussion with Clinical Tutors and supervisors where trainees rated their safe working conditions and access to emergency contacts as not available all the time, to ensure that this continues to be addressed at placement induction, placement visits and
during the contracting of placement aims and expectations. Pressure on some individual work settings and organisational upheaval continue to be acknowledged and considered with supervisors in working to ensure that all trainees feel contained and supported in the work. Supervisors have been extremely helpful in highlighting with us difficulties they might be facing, for example in providing consistent secretarial support.

New standards have been implemented in October 2016 for the number of observations of trainees in their work on placement, both in direct clinical and indirect roles. The requirement and expectation for this has been discussed with trainees and supervisors more explicitly, including recording of this in more detail on the placement documentation. It was very encouraging to see an increase in observation opportunities for trainees (both of themselves and of their supervisor), with this figure increasing from last year whereby all 2\textsuperscript{nd} and 3\textsuperscript{rd} year trainees were observed in their work at least once on each placement and the majority being observed more than twice, in comparison to last year when a small number of trainees in each year group were not observed on some placements.

Learning objectives and availability for competency development across the year groups within the Research and Evaluation and Service Delivery/ Organisational Influence have been discussed and encouraged at placement visits. The Clinical Tutor team continue to focus upon the development of competencies in the areas of leadership and organisational influence essential for the workforce post qualification. The availability of experiences to develop these competencies appear to have increased across all the year groups this year compared to last year.

Competency frameworks for the recording and monitoring of trainee’s development in CBT and one other specific therapy model have been implemented for October 2016, in line with the BPS accreditation criteria requirements on all courses. These are held as cumulative three year logs on the online E-portfolio system of Pebble Pad. The placement audit questionnaire will be revised in light of these new developments for the 2016-2017 audit cycle. However, it is clear from this audit that
Trainees continue to gain a wide range of experience in discussing and implementing specific models. The audit has highlighted where Clinical Tutors need to consider the recording of other models currently not included in our CBT +1 framework, such as Attachment based approaches or Positive Behaviour Support (most often used in 2nd and 3rd year placements). In addition the new cumulative logs include a Neuropsychological competency framework. Work on developing these frameworks has commenced in consultation with our local supervisors.
Section 2: First year trainee feedback

2.1 First year trainees
First year placements are focused upon working within services where working age adults and older adults are seen, across a range of settings from community mental health teams, to inpatient and outpatient Health or Forensic mental health settings.

First year placements can be provided by two supervisors at different bases in a split placement, with two supervisors in the same base in a shared arrangement or in a year-long integrated adult and older adult placement. Trainees on a split placement were asked to complete the survey for both sides of their placement, whilst trainees on a year-long placement completed it at the end of their whole placement.

Sheffield Health and Social Care NHS Foundation Trust (SHSC NHS FT) provided the majority of placements (19, 63%) followed by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH NHS FT) across Doncaster and Rotherham (6, 20%). South West Yorkshire Partnership NHS Foundation Trust (SWYFT) provided a further 4 (13%) training placements in the Barnsley area and Sheffield Teaching Hospitals NHS Foundation Trust (STH NHS FT) provided a year long integrated placement. 30 placements have been rated for within this time period.

Chart 1: Breakdown of placements by NHS Trust providers
2.2 Key findings: Resources available on first year placements

The majority of placements were rated as well resourced, with access to a telephone, photocopier, computer for word processing and internet access rated as always or mostly available. All placements had secretarial support and clinical rooms always or mostly available to them. Availability of an exclusive desk on placement days was always 63% (19) or mostly available 28% (8) to trainees, but only sometimes on 3 placements. The space to work in a quiet area for reading or report writing was available on 77% (23) of placements mostly or all the time, although on 23% (7) placements this was only sometimes available, sometimes supervisors allowing some work to be done at home to achieve this. Access to Health and Safety policies, adjustments made for individual needs such as health, as well as safe working conditions was rated were always available on all placements. The breakdown of ratings for all resources are outlined in Chart 2 below.

2.3 Chart 2: Summary of trainee ratings of availability of resources on placements 1 and 2

![Chart 2: Summary of trainee ratings of availability of resources on placements 1 and 2](image-url)
2.4 Key findings: Availability of supervision on first year placements

All trainees always had access to at least 1 hour of individual supervision a week unless group arrangements were in place, with the majority of trainees also having formal or informal contact with their supervisors of 3 hours a day most (25, 10%) or all the time (27, 86%), with one trainee rating this as sometimes available and another not applicable due to working part time in the placement. This time was regular and uninterrupted for 90% (27) of trainees with the remaining 10% (3) trainees having this most of the time. Although the majority of trainees (27, 90%) had access to a qualified psychologist or designated other to discuss emergency clinical issues, 3 placements were rated as having this available only most of the time. The breakdown of ratings for availability of supervision is detailed in Chart 3 below.

2.5 Chart 3: Summary of trainee ratings of the availability of supervision on placements 1 & 2
2.6 Key findings: Quality of supervision on first year placements

The majority of trainees had an Excellent (53%, 16) or Good (30%, 9) planned induction to their placement, although 5 (17%) trainees rated this as Adequate. All trainees received Excellent (25, 83%) to Good (5, 17%) constructive feedback that highlighted their strengths and development needs and rated the personal and professional issues covered similarly. The clinical content of supervision, for example theory-practice links, was rated as Excellent (26, 87%) to Good (4, 13%) by all trainees. The process of supervision, for example opportunities to set and review contracts was evaluated as Excellent (23, 77%) to Good (6, 20%) by most trainees, 1 rating this as Adequate. The breakdown of ratings for quality of supervision is detailed in Chart 4 below.

2.7 Chart 4: Summary of trainee ratings of the quality of supervision on placements 1 & 2
2.8 Observations on first year placements

93% (28) of trainees were observed once before and once after their mid placement visit, although 2 said this was not possible. 90% (27) of trainees were observed by their supervisors or another qualified psychologist more than twice on placement, 1 twice and 2 trainees only once. 93% (28) of trainees observed their supervisor in a clinical role and 97% (29) in a non-clinical role during their placement.

2.9 Key finding: Opportunities to develop core competencies on first year placements

- All trainees rated opportunities for Personal and Professional Development competencies as Excellent (22, 73%) or Good (8, 27%).
- Opportunities to develop Therapeutic and Working Alliances and Formulation skills were highly rated with as Excellent (22, 73%) to Good (6, 20%), the remaining 2 as Adequate.
- Trainees rated opportunities for Psychological assessment positively as Excellent (20, 67%) or Good (6, 20%), although 4 (13%) placements were rated as Adequate.
- Opportunities to develop Psychological Formulation were mostly found to be Excellent (22, 73%) to Good (6, 20%), although 3 (7%) trainees rated these as Adequate.
- Trainees rated opportunities to develop intervention skills a little more variably, although mostly as Excellent (20, 67%) to Good (6, 20%) with 3 (10%) rated as Adequate and 1 as Poor.
- Opportunities for developing Research and Evaluation were rated as Good (14, 47%) or Excellent (7, 23%) although 9 (30%) trainees rated these as Adequate.
- Service Delivery and Organisational influence were highly rated as Good (13, 43%) to Excellent (10, 33%) although 5 (17%) rated these as Adequate and 2 (7%) as Poor.
• Nearly all trainees rated Supervision highly as Excellent (25, 83%) to Good (4, 13%) although 1 rated this as Poor.

2.10 Chart 5: Summary of trainee evaluation of opportunities to develop core competencies on placements 1 & 2

2.11 Use of therapeutic models on first year placements
Trainees listed which therapeutic models they drew upon in supervision and in their clinical practice as outlined in Chart 6 below. Cognitive Behavioural Therapy (CBT) was the most used in supervision (93%, 28) and in practice (87%, 26), followed by “Third wave” approaches such as Compassion Focused Therapy (CFT) and Acceptance Commitment Therapy (ACT) in supervision (58%, 17) and practice (60%, 18) and then Cognitive Analytic Therapy (CAT) in supervision (40%, 12) and practice (33%, 10). Other models used in both supervision and clinical practice included Systemic approaches and Neuro rehabilitation with the least used model being Psychodynamic approaches in both supervision and practice.
2.12 Chart 6: Summary of therapeutic models used on placements 1 & 2

<table>
<thead>
<tr>
<th>Therapeutic Models</th>
<th>No. of placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT</td>
<td>16</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>14</td>
</tr>
<tr>
<td>Systemic</td>
<td>10</td>
</tr>
<tr>
<td>CAT</td>
<td>8</td>
</tr>
<tr>
<td>Humanistic</td>
<td>6</td>
</tr>
<tr>
<td>Third wave</td>
<td>4</td>
</tr>
<tr>
<td>Neuropsychological rehabilitation</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

**In supervision**

**In practice**
Section 3: Second year trainee feedback

3.1 Second year trainees

Second year placements are provided by supervisors who specialise in working with children and young people, adults with learning disabilities and adults with neurological conditions and cognitive impairment. Placements are across a range of settings from community teams where clients may be seen in their own homes, clinics or residential care, to inpatient and outpatient hospital clinics. Trainees complete two placements in the year (placements 3 and 4), usually with either one supervisor or two supervisors in a shared arrangement. 29 placements are rated here, the largest number provided over the year (24%, 7) were hosted by SHSC NHS FT, followed by 6 (21%) offered by CRH NHS FT, and 5 (17%) within SCH NHS FT. RDaSH NHS FT provided 5 placements (17%) across the region and SWYFT services in Barnsley were able to provide 4 (14%) placements. Rotherham Metropolitan Borough Council provided 1 second year placement in this period, noted in the “other” category on the chart 7 below.

Chart 7: Breakdown of placements by NHS Trust providers
3.2 Key findings: Access to resources in second year placements

Trainees evaluated the resources on placements positively as outlined in Chart 8 below. Access to at least a shared office, telephone, photocopier, lockable space and computer (Internet, email, word processing) were always available to the majority of trainees and mostly available to the remaining trainees. The majority of trainees had access to an exclusive use of a desk on placements most of the time, although 1 said that this was only sometimes available. Access to secretarial support continues to be in the main always available but 10% (3) of trainees said that this was only sometimes available and 1 rarely or never. Access to a quiet space for reading and report writing, and lockable storage space was more variable, being always available to 34% (10) with 45% (13) of trainees saying this was mostly available. 14% (4) accessed this sometimes with 2 rarely or never finding this available to them. Reliable and bookable clinic rooms were available to the nearly all trainees always or most of the time. Health and Safety resources and safe working conditions were rated as always available on 27 (93%) placements but only most of the time on 1.

3.3 Chart 8: Summary of trainee rating of availability of resources on placements 3 & 4
3.4 Key findings: Availability of supervision on first year placements

90% (26) of first year trainees had at least an hour a week supervision on placement with the remaining 10% (3) having this most of the time. This time was regular and protected for all trainees all (26, 90%) or most (3, 10%) of the time. The majority of trainees had contact with their supervisors (including formally and informally) for 3 hours a week always (20, 69%) or most (8, 28%) of the time, with 1 rated as sometimes available. Although the majority of trainees (22, 76%) had access to their supervisor or designated other to discuss urgent clinical matters, 6 (21%) placements were rated as having this only mostly available. Chart 9 outlines the breakdown of these ratings below:

3.5 Chart 9: Summary of trainee ratings of the availability of supervision on placements 3 & 4

3.6 Key findings: Quality of supervision on second year placements

Second year trainees rated their supervision very positively. Almost all trainees received an Excellent (18, 62%) or Good (10, 35%) planned induction, 1 rating this as Adequate. Nearly all trainees said that they received Excellent (20, 68%) to Good (8, 28%) constructive feedback that highlighted areas of strengths and needs for
development, with 1 rating this as Adequate. All trainees rated as Excellent (23, 79%) to Good (6, 21%) support to develop their professional practice, reflect upon diversity, ethics and organisational contexts. The majority of trainees rated attention to the process of supervision, for example creating a shared agenda or having regular reviews, as Excellent (18, 62%) to Good (8, 28%), with 3 (10%) trainees rating this as Adequate. The opportunity to discuss theory-practice links and discussion of clinical case-work was rated as Excellent (22, 76%) to Good (7, 24%) by all trainees. The breakdown of these ratings is provided in Chart 10 below:

3.7 Chart 10: Summary of trainee ratings of the quality of supervision on placements 3 & 4

3.8 Observation on second year placements
All but one trainee (97%, 28) trainees were observed at least once before the mid placement visit and at least once following this visit. 79% (23) of trainees were observed more than twice during the whole of their placements and 6 (21%) twice. All trainees observed their supervisors in a clinical role and (97%, 28) were able to observe their supervisors in a non-clinical role.
3.9 Key findings: Opportunities to develop competencies on second year placements

- Almost all trainees rated opportunities for the competencies of Personal and Professional Development and Therapeutic Working Alliance as Excellent (20, 69%) to Good (8, 28%) and 1 as Adequate.

- Nearly all trainees found the opportunity to develop their Psychological Assessment Excellent (21, 73%) or Good (6, 21%) with 1 trainee rating these as Poor.

- Opportunities to develop Psychological Formulation skills were nearly all rated as Excellent (15, 52%) to Good (13, 45%), although 1 was rated as Poor.

- Trainees evaluated opportunities to develop their Psychological Intervention competencies as mostly Excellent (13, 45%) to Good (11, 38%) although 3 (10%) rated them as Adequate and 1 as Poor.

- Competency development in Research and Evaluation was mostly rated as Excellent (11, 38%) to Good (11, 38%), however 6 (21%) were rated as Adequate and 1 as Poor.

- Service Delivery and Organisational Influence development opportunities were highly rated by trainees as Excellent (11, 38%) to Good (13, 45%), the reminder rated as Adequate (14%, 4) and 1 as Poor.

- All opportunities to develop Supervision competencies were rated as Excellent (17, 59%) to Good (9, 31%).
3.9 Chart 11: Summary of trainee ratings of opportunities for competency development on placements 3 & 4

3.10 Use of therapeutic models on second year placements

The most commonly used therapeutic model in supervision (22, 76%) and clinical practice (24, 83%) was CBT, followed by Systemic approaches in supervision (21, 72%) clinical practice (19, 66%) and then by CAT, ‘Third Wave’, Humanistic and Psychodynamic informed approaches. Other models such as positive behaviour approaches and Attachment based approaches formed the “other” category rated. Chart 12 below details the therapy models used in supervision and clinical practice.
3.11 Chart 12: Summary of therapeutic models used on placements 3 & 4

![Chart showing the number of placements for different therapeutic models.](image)

- **CBT**: 25 placements in supervision, 20 placements in practice.
- **Psychodynamic**: 5 placements in supervision, 3 placements in practice.
- **Systemic**: 20 placements in supervision, 15 placements in practice.
- **CAT**: 15 placements in supervision, 10 placements in practice.
- **Humanistic**: 5 placements in supervision, 4 placements in practice.
- **Third wave**: 3 placements in supervision, 2 placements in practice.
- **Neuropsychological**: 1 placement in supervision, 1 placement in practice.
- **Other**: 2 placements in supervision, 1 placement in practice.

Legend:
- In supervision
- In practice
Section 4: Third year placement feedback

4.1 Third year trainees

Third year trainees undertake a variety of elective placements that may be across any speciality or setting, to fulfill their remaining learning and development objectives. They can undertake two six month placements or a year long arrangement that may entail 2 placements running concurrently. The majority of trainees are placed within our region, although some undertake placements out of area where a specialist service is not available locally.

The majority of placements were provided in Sheffield by SHSC NHS FT (4, 22%), SCH NHS FT (4, 22%) and STH NHS FT (2, 11%). Barnsley SWYT NHS FT and RDaSH NHS FT each provided 1 placement in the region. Nottingham University Hospitals NHS Foundation Trust, Leeds Teaching Hospital NHS Foundation Trust and Bradford District Care NHS Foundation Trust provided 4 placements in this audit cycle due to the specialist placements in Paediatric Neuropsychology and Early Intervention in Psychosis not being offered more locally.

18 placements were evaluated in this audit cycle. 3 trainees did not complete the questionnaire due to maternity leave during this period, and a further 3 trainees did not complete the questionnaire due to not successfully completing their placements during the audit cycle, or being on an extended period of absence.
4.2 Key Findings: Access to resources on third year placements

All trainees had an office near or with their supervisor, access to a telephone and access to lockable storage space for clinical material. The use of bookable clinic rooms, a quiet space to study, secretarial support, a photocopier and at least a shared computer as well as access to reading or clinical test materials were available to the majority of trainees always or most of the time. 44% (8) of placements always provided an exclusive use of desk on placements days, with 44% (8) having this mostly available, although 1 rated this as only sometimes available and 2 rarely or never accessible, having to ‘hot desk’ throughout the day. Adjustments for individual needs was nearly always available to those that needed them (7, 39%), although 1 person rated this as mostly achieved. The majority of trainees (16, 89%) rated access to Health and Safety policies and safe working conditions as always available, but 1 said this was mostly and 1 only sometimes. A further breakdown of these ratings is detailed in Chart 14 below.
4.3 Chart 14: Summary of trainee ratings of their access to resources on placements 5 & 6

4.4 Key findings: Availability of supervision on third year placements

A number of trainees were on part time placements meaning that the quality standards of 1 hour a week supervision and 3 hours a week informal contact with supervisors may not always apply. However, all trainees received at least an hour a week of individual supervision all (15, 83%) or most (2,11%) of the time and most 3 hours a week formal of informal contact with supervisors all (9, 50%) or most (4, 22%) of the time. This was regular and protected time for most trainees all the time (16, 89%) and most of the time on the remaining 2 placements. The majority of placements (16, 89%) had an emergency contact person for discussion of urgent clinical matters, although 1 trainee said this was only mostly available and 1 that it was only sometimes. The breakdown of these ratings is outlined in Chart 15 below.
4.5 Chart 15: Summary of trainee ratings of the availability of supervision on placements 5 & 6

4.6 Key findings: Trainee ratings of the quality of supervision on third year placements

The quality of supervision was highly rated by all trainees. All trainees received Excellent (13, 72%) to Good (5, 28%) opportunities for constructive feedback and Excellent (15, 83%) to Good (3, 17%) coverage of clinical issues in supervision. Opportunities for personal and professional development, such as discussion of ethical issues were rated as Excellent (16, 89%) to Good (2, 11%) by all trainees. The majority of trainees rated as Excellent (12, 67%) to Good (5, 28%) their planned induction, 1 rating this as Adequate. Most trainees found the process of supervision, for example collaborative agenda setting and review as Excellent (13, 72%) or Good (5, 28%). The breakdown of these ratings is outlined in Chart 16 below.
4.7 Chart 16: Summary of trainee ratings of the quality of supervision on placements 5 & 6

4.8 Observations on third year placements

83% (15) of placement supervisors ensured that trainees were observed at least once before and once after the mid placement meeting. 72% (13) of placements provided opportunities to be observed by the supervisor, or another qualified psychologist, more than twice, 1 twice, 1 once but 3 trainees were not observed in their placement. 88% (16) of placements enabled the trainee to observe their supervisor in a clinical role whereas 100% of trainees observed them in a non-clinical role.
4.9 Key findings of trainee ratings of opportunities to develop competencies on third year placements

- All trainees rated the opportunities to develop their Personal and Professional competencies as Excellent (16, 89%) or Good (2, 11%).
- Opportunities to develop skills in Therapeutic and Working Alliances was rated as Excellent (14, 78%) to Good (4, 22%).
- Psychological Assessment opportunities were rated by all trainees as either Excellent (12, 67%) or Good (6, 33%).
- All trainees rated their opportunities for developing Psychological Formulation competencies and Supervision as Excellent (13, 72%) to Good (5, 28%).
- Opportunities for competency development in Psychological Intervention were rated a little more variably with most trainees rating them as Excellent (9, 50%) to Good (6, 33%) but 3 (17%) as Adequate.
- Ratings of Research and Evaluation opportunities were also more varied with most being Good (7, 39%) to Excellent (6, 33%) but trainees rated 5 (28%) placements as Adequate.
- Service Delivery and Organisational Influence opportunities were mostly rated highly from Excellent (9, 50%) to Good (8, 45%) and 1 as Adequate.
4.10 Chart 17: Summary of trainee ratings of opportunities to develop competencies on placements 5 & 6

4.11 Trainee use of therapeutic models on third year placements

The most commonly used therapeutic model on placement was CBT both in clinical practice (15, 85%) and within supervision (14, 78%), followed by Systemic therapies in practice (10, 56%) and supervision (12, 67%) and CAT (8, 44%) in practice and in supervision (9, 50%). Third wave approaches were also popular with 10 (56%) placements rated as applying them in clinical practice and 8 (44%) discussed in supervision. Other models including Psychodynamic and Humanistic, as well as Neuropsychological were also used and discussed in supervision. Positive behavioural approaches and attachment focused models were the most frequently listed in the “other” category. The distribution of all therapeutic models recorded by trainees is shown in Chart 18 below.
4.12 Chart 18: Trainee rating of the use of therapeutic models on third year placements

[Bar chart showing the rating of different therapeutic models: CBT, Psychodynamic, Systemic, CBT, Humanistic, Third wave, Neuropsychological rehabilitation, Other. The chart compares ratings in supervision (blue) and in practice (red).]
Section 5: Summary and conclusions

The majority of placements were consistently rated highly across the categories of availability of resources, availability and quality of supervision and opportunities to develop the core competencies. A very small number of placements showed some variability, for example with regard to resources in their access to secretarial support or rooms that were available to book on a reliable, regular basis for clinical space. A small number of trainees were not able to use the same desk exclusively on placement days or have access to a quiet space for study. These difficulties reflect the working conditions of our supervisors and we continue to work together with them to support the need for adequate resources. In fact, the specific lack of these consistent resources is the most cited reason for our supervisors being unable to offer a training placement in their service. We work to look at what can be made more flexibly available, such as occasional study at home. Of concern this year was that a small number of trainees did not rate their working conditions as safe or that they had consistent access to a qualified contact to discuss urgent clinical matters with. Tutors will discuss this with the trainees who provided these ratings, where possible, following up with placement supervisors if necessary and continue to prioritise discussion of these matters at the initial placement visit within the supervision contract.

Supervision, both the availability of and quality of, continues to be rated consistently for the majority of trainees as always available and excellent or good. Where there were individual low ratings were given, these were not consistent to one particular placement and so discussion around these continues to be important at placement meetings, to form an important part of the contracting arrangements at the start of the placement. New minimum standards set in 2016 for core placements in years 1 and 3 around opportunities to be observed and observe supervisors were met for all trainees. A small number of trainees did not have these opportunities within their third year and tutors will continue to discuss what opportunities may be possible, such as taped sessions or observations within team settings.
Opportunities to develop core competencies continue to be valued highly by trainees, consistently rated as excellent or good by the majority of trainees. These tend to reflect a movement of the focus being predominantly on clinical skills building in the first year, towards a greater focus on research and evaluation, service delivery and organisational influence in the second year although organizational competencies and leadership appear to be more readily available in the first two years as the focus on placements matches the ‘real world’ work of qualified staff in a number of complex care settings. Some small variability in ratings of opportunities for Psychological Intervention may require Clinical Tutors to consider with trainees the wider role of Clinical Psychologists and help trainees to further consider what “Psychological Intervention” can entail beyond an individual therapy. The importance of this may become even more essential given the BPS requirements to train in two specific therapeutic models. Third year’s ratings of these competencies may reflect a focus back on learning a specific therapeutic model and further development or consolidation of clinical skills. Competencies will be examined in closer detail across the year groups in the coming year to ensure that we are continuing to focus upon the development of competencies in the areas of leadership and organisational influence, essential for the workforce post qualification.

The course team has now agreed and finalised the minimum standards required of our trainees in developing model specific therapeutic competencies as well as how we will record this over the three years to ensure that they continue to meet these standards. The placement audit questionnaire will be revised in light of these developments for the year 2016-2017 in order to help us monitor where trainees are able to develop the specific therapeutic competencies required by the BPS enabling more effective placement planning over the 3 years and ensure that we are matching our therapy competencies and models to those available in our supervisor community.