Executive summary

Data from 102 placements have been collected and evaluated for the period October 2017-September 2018. These span the three trainee year groups. This is the fourth year that we have collected information based upon the BPS Standards for Accreditation of DClinPsy Programmes\(^1\) (2014) enabling comparison to the previous year’s placement audit report.

Resources on placement remain consistently available to the majority of trainees. Safe working conditions and adjustments for individual needs were recorded as always available on the majority of placements. In the single instances where ratings are lower, tutors will follow up individually with trainees. 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, especially where services provided us with additional places to meet need.

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 emergency contacts were available to the vast majority of trainees and at a higher figure than the previous year, this was not all trainees all of the time. The quality of supervision is rated higher overall than previous years and opportunities to be observed and observe supervisors are available to the vast majority of trainees. The standard set in 2016 to have 100% of first and second year trainees observed in their practice was achieved, with 88% of third years also receiving this as part of their placements, an increase on last year across the year groups. The vast majority of Trainees (100% for 1\(^{st}\), 97% of 2\(^{nd}\) years and 94% of 3\(^{rd}\) years) had the opportunity to observe their supervisors in a clinical role and non-clinical roles.

Opportunities to develop core competencies were rated very similarly to previous years and were described as Excellent to Good on the majority of placements, with

general improvement on ratings for competency development for third years.
Opportunities for competency development reflected the general progression of a 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 2\textsuperscript{nd} and 3\textsuperscript{rd} 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 one of the most predominantly used models across the year groups. Third Wave approaches are popular in the 1\textsuperscript{st} year, with Systemic approaches used more widely in the 2\textsuperscript{nd} year. 3\textsuperscript{rd} years used Systemic approaches as frequently as CBT, with CAT, Psychodynamic and Third Wave approaches also being used in both supervision and clinical practice. Psychodynamic psychotherapy was more often discussed in supervision than implemented in practice, although specific placements highlighted this as the dominant model. Neuropsychological models continued to be used across the year groups. Trainees additionally noted the use of therapeutic approaches such as Narrative Therapy, Attachment based work and Positive Behaviour approaches in the 2\textsuperscript{nd} and 3\textsuperscript{rd} year.

\textbf{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. Where these related to a service, these were often due to the extra demands placed by adding additional placements. Discussion with service leads has allowed us to be mindful of this possible impact in future in our planning and allocation of placements.
Although we noted improvement in the overall number of trainees rating their access to emergency contacts, this does not reach 100% for second and third years. Future supervision contracts have this as a clearly labeled section to ensure discussion and agreement around this at the outset of placements.

We acknowledge some variability of access to supervisors for informal contact, although also noting that this improved for some year groups. 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 continue to be extremely helpful in highlighting with us difficulties they might be facing, for example with job uncertainty or resource availability. Clearer standards around informal contact with supervisors on a weekly basis are to be addressed in order to meet the BPS accreditation standards for all trainees in this area.

Clinical tutors have supported the development of a new placement arrangement this year within the Third Sector and continue to look more closely at opportunities in teaching and placements around the development of competencies in Service Delivery/ Organisational Influence and Leadership, skills much valued for the workforce post qualification.

It is clear from this audit that trainees continue to gain a wide range of experience in discussing and implementing specific models, in line with the BPS requirement to develop competencies within CBT and one other model. This has supported the inclusion of piloting the additional models of PBS and Third Wave approaches for 2018-2019.
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 mental health settings. This year included a year long integrated adult and older adult placement between the Neuropsychology and Neurology Psychotherapy Service within Sheffield Teaching Hospitals.

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, 56%) followed by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH NHS FT) across Doncaster and Rotherham (7, 21%). South West Yorkshire Partnership NHS Foundation Trust (SWYFT) provided 5 placements (15%) and Derbyshire Community Health Service NHS Foundation Trust provided 2 placements. Sheffield Teaching Hospitals NHS Foundation Trust (STH NHS FT) provided 1 year long placement. 34 placements have been rated for within this time period.
2.2 Key findings: Resources available on first year placements

The majority of placements were rated as well resourced, with access to a shared office, photocopier, computer for word processing and internet access, bookable rooms and appropriate reading materials rated as always or mostly available. Most placements had secretarial support always or mostly available although on 1 placement this was only sometimes available. Access to a telephone was similarly rated always or mostly available, although 2 placements rated this as only sometimes available. Availability of an exclusive desk on placement days was always 70% (24) or mostly available 26% (9) to trainees, although on 1 placement it was classed as being rarely or never available. The space to work in a quiet area for reading or report writing was available on 70% (24) of placements mostly or all the time, although on 26% (9) of placements this was only sometimes available and on 1 placement it was never or rarely available. Access to Health and Safety policies and safe working conditions were 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](image)

2.4 Key findings: Availability of supervision on first year placements

The majority of trainees always had access to at least 1 hour of individual supervision a week with 4 trainees stating this was mostly available. 61% (21) of trainees had formal or informal contact with their supervisors of 3 hours a week all of the time, 21% (7) had this most of the time and 11% (4) only had this some of the time. The remaining 2 trainees marked this not applicable due to being on a shared part-time placement. Supervision time was regular and uninterrupted for 79% (27) of trainees with the remaining 21% (7) trainees having this most of the time. Although the majority of trainees (32, 94%) had access to a qualified psychologist or designated other to discuss emergency clinical issues, 2 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

![Chart showing availability of supervision ratings]

2.6 Key findings: Quality of supervision on first year placements

All of the trainees had either an Excellent (82%, 28) or Good (18%, 6) planned induction to their placement, and all trainees received Excellent (30, 88%) to Good (4, 12%) constructive feedback that highlighted their strengths and development needs. The trainees rated the clinical content of supervision as either Excellent (32, 94%) or Good (2, 6%), personal and professional development content as 85% (29) Excellent, 12% (4) Good and 1 trainee rating this as Adequate. The process of supervision, for example opportunities to set and review contracts was evaluated as Excellent (30, 88%) or Good (4, 12%) by the trainees. 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
The majority of the trainees were observed once before and once after their mid placement visit, with 1 trainee stating this hadn’t happened on one of their placements. All trainees were observed by their supervisors or another qualified psychologist more than twice on placement. All of the trainees observed their supervisor in a clinical role and 91% of trainees were able to observe their supervisor in a non-clinical role during their placement.

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

- Opportunities to develop Personal and Professional Development competencies were rated highly as either Excellent (27, 79%) or Good (7, 21%).
- Opportunities to develop Therapeutic and Working Alliances and Formulation skills were also highly rated as Excellent (27, 79%) or Good (7, 21%).
• Trainees rated opportunities for Psychological assessment as Excellent (28, 82%) or Good (2, 6%), although 4 (12%) placements were rated as Adequate.
• Opportunities to develop Psychological Formulation were rated highly as either Excellent (26, 76%) to Good (8, 24%).
• Opportunities to develop intervention skills were rated as Excellent (20, 59%) to Good (11, 32%) with 3 (9%) rated as Adequate.
• Trainees rated opportunities for developing Research and Evaluation skills a little more variably, with these rated as Good (14, 41%) or Excellent (7, 21%), 12 (34%) trainees rating these as Adequate and 1 trainee rated them as Poor.
• Service Delivery and Organisational influence ratings of Good (14, 41%) to Excellent (9, 26%) for most placements although 9 (26%) rated these as Adequate and 2 trainees rated opportunities to develop these skills as Poor.
• All trainees rated Supervision highly as either Excellent (30, 88%) to Good (4, 12%).

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 and in practice (85%, 29), followed by “Third wave” approaches such as Compassion Focused Therapy (CFT) and Acceptance Commitment Therapy (ACT) in supervision (73%, 25) and practice (76%, 26). Cognitive Analytic Therapy (CAT) and Psychodynamic approaches were both used in supervision in just under half of the placements (41% and 35% respectively). Other models used in both supervision and clinical practice included Systemic Approaches, and Neuro rehabilitation with the least used model recorded being Humanistic Approaches.

2.12 Chart 6: Summary of therapeutic models used on placements 1 & 2

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. A year long integrated placement with children and children with learning disabilities was also piloted. 36 placements are rated here, the largest number hosted by RDASH NHS FT who provided 10 (28%) placements across both Rotherham and Doncaster, followed by Chesterfield Royal Hospital NHS FT who provided 9 (25%). SHSC NHS FT and SCH NHS FT both provided 6 (17%), followed by 4 (11%) offered by SWYT NHS FT, and 1 (3%) within DCHS.

Chart 7: Breakdown of placements by NHS Trust providers

3.2 Key findings: Access to resources in second year placements

Trainees on the whole evaluated the resources on placements positively as outlined in Chart 8 below. Access to at least a shared office and shared computer (Internet, email, word processing) were always available to the majority of trainees and mostly available to the remaining trainees. 86% (31) of trainees had access to an exclusive use of a desk on placement all or most of the time, although 5 trainees said that this was only sometimes available. Access to secretarial support, lockable storage,
bookable reliable rooms, access to a photocopier and access to a telephone received similar responses with the majority of trainees saying they were always or mostly available, however 1 trainee in each category stated it was only sometimes available. Access to a quiet space for reading and report writing was more variable, being always available to 55% (20) with 33% (12) of trainees saying this was mostly available and 11% (4) saying it was only sometimes available. Health and Safety resources and safe working conditions were rated as always available on 35 (97%) 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 second year placements
86% (31) of second year trainees had at least an hour a week supervision on placement with 11% (4) having this most of the time and 1 person marking this as not applicable due to having a shared part-time placement. This time was regular and protected for 89% (32) of trainees all of the time, for 8% (3) of trainees most of the time and 1 trainee had this only some of the time. The majority of trainees had contact with their supervisors informally for 3 hours a week always (25, 69%) or
most (10, 28%) of the time, with 1 person rating this as sometimes available. Although the majority of trainees (33, 92%) had access to their supervisor or designated other to discuss urgent clinical matters all of the time, 2 placements were rated as having this mostly available and 1 rating this as only sometimes 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

The majority of Second year trainees rated their planned induction as Excellent (20, 56%) or Good (12, 33%), with 4 trainees rating it as adequate. Nearly all trainees said that they received Excellent (30, 83%) or Good (4, 11%) constructive feedback that highlighted areas of strengths and needs for development, with 1 trainee stating that this was adequate. All trainees rated the support to develop their personal and professional practice as Excellent (30, 83%) or Good (6, 17%). All of trainees rated attention to the process of supervision, for example creating a shared agenda or having regular reviews, as Excellent (27, 75%) or Good (9, 25%). The opportunity to discuss theory-practice links and discussion of clinical case-work was mainly rated as
Excellent (29, 80%) or Good (6, 17%) by all trainees, with 1 trainee rating this as adequate. 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

![Chart 10: Summary of trainee ratings of the quality of supervision on placements 3 & 4]

3.8 Observation on second year placements

All of the trainees were observed at least once before the mid placement visit and at least once following this visit. 89% (32) of trainees were observed more than twice during the whole of their placements, with the remaining 4 trainees being observed twice. All trainees observed their supervisors in a non-clinical role and 97% of trainees observed their supervisors in a clinical role.

3.9 Key findings: Opportunities to develop competencies on second year placements

- Opportunities for the competencies of Personal and Professional Development were rated as either Excellent (29, 81%) or Good (7, 19%).
- All trainees rated opportunities for the competencies of Therapeutic and Working Alliance and Psychological Assessment as either Excellent (31, 86%) or Good (5, 14%)
• Trainees evaluated opportunities to develop their Psychological Formulation competencies highly as either Excellent (20, 56%) to Good (16, 44%).
• Opportunities to develop Psychological Intervention skills were rated a little variably as Excellent (20, 56%) to Good (13, 36%), with 2 trainees rating these as Adequate and 1 trainee rating them as Poor.
• Competency development in Research and Evaluation was mostly rated as Excellent (19, 53%) to Good (12, 33%), however 2 were rated as Adequate, 1 as Poor and 1 trainee leaving this blank.
• Service Delivery and Organisational Influence development opportunities were highly rated by trainees as Excellent (11, 31%) to Good (23, 64%), the reminder rated as Adequate (6%, 2).
• Opportunities to develop Supervision competencies were rated as Excellent (29, 81%) or Good (5, 14%), with 2 trainees rating them as Adequate.

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 models in supervision and
clinical practice were Systemic approaches (81% in supervision and 67% in clinical practice) and CBT (78% in supervision and 75% in clinical practice). These were followed by Humanistic approaches, ‘Third Wave’ and Psychodynamic informed approaches. Other models such as Positive Behaviour Support, Narrative Therapy 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 12: Summary of therapeutic models used on placements 3 & 4]

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 specialty 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 (11, 34%), STH NHS FT (4, 13%) and SCH NHS FT (3, 9%). SWYT NHS FT provided 5 (16%)
placements, which included 3 within region. RDaSH NHS FT provided 3 placements in the region with Chesterfield Royal Hospital NHS FT also providing 2 placements. Bradford District Care NHS FT, The Tavistock and Portman NHS FT, Leeds and York Partnership NHS FT and Tees, Esk and Wear Valleys NHS FT each provided 1 placement in this audit cycle, which included specialist placements in Gender Identity and within the Probation service not being offered within region.

32 placements were evaluated in this audit cycle.

**Chart 13: Breakdown of placements by NHS providers**

4.2 Key Findings: Access to resources on third year placements

Third year placements were rated very highly in terms of resources available on placement. All trainees had access to a shared office space including a shared computer, access to a telephone, use of a photocopier, lockable storage, bookable reliable rooms, secretarial support and reading or clinical test materials available either all of most of the time. 71% (23) of placements always provided an exclusive use of desk on placements days, with 18% (6) having this mostly available, although 1 rated this as only sometimes available. Access to a quiet space for report writing or study time was available on 62% (20) of placements all of the time and 28% (9) of placements most of the time, with 3 placements able to provide this only some of the time. Adjustments for individual needs were always available to those that
needed them (5, 15%). The majority of trainees rated access to Health and Safety policies and safe working conditions as always available, with 1 person rating this as only mostly available. 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

![Chart 14]

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 (30, 94%) or most (2, 6%) of the time and where applicable most received 3 hours a week formal or informal contact with supervisors all (21, 91%) or most (2, 9%) of the time. This was regular and protected time for all of the trainees all the time. The majority of placements (31, 97%) had an emergency contact person for discussion of urgent clinical matters all the time, with 1 trainee saying this was only mostly available. 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

![Chart showing availability of supervision]

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 (30, 94%) to Good (2, 6%) opportunities for constructive feedback and rated their planned induction as either Excellent (28, 88%) or Good (4, 12%). The opportunities to discuss personal and professional development and clinical issues within supervision were both rated as 97% Excellent with 1 trainee in each category rating this as Good. Nearly all trainees found the process of supervision, for example collaborative agenda setting and review as Excellent (28, 88%) with 4 trainees rating this as Good. 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
94% (30) of placement supervisors ensured that trainees were observed at least once before and once after the mid placement meeting. 88% (28) of placements provided opportunities to be observed by the supervisor, or another qualified psychologist, more than twice, 2 twice, 1 once although 1 trainee was not observed in their placement. 94% (30) of placements provided opportunities for the trainee to observe their supervisor in a clinical role and 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 (30, 94%) or Good (2, 6%).
- Opportunities to develop skills in Therapeutic and Working Alliances were high with everyone rating them as Excellent.
Psychological Assessment opportunities were rated by all trainees as either Excellent (27, 84%) or Good (5, 16%).

All trainees rated their opportunities for developing Psychological Formulation competencies as Excellent (29, 91%) to Good (3, 9%).

Opportunities for competency development in Psychological Intervention were rated a little more variably with most trainees rating them as Excellent (27, 84%) to Good (3, 9%) but 1 as Adequate, with 1 trainee not responding.

Ratings of Research and Evaluation opportunities were also more varied with most being Excellent (15, 47%) to Good (11, 34%) although trainees rated 6 (19%) placements as Adequate.

Service Delivery and Organisational Influence opportunities were mostly rated highly from Excellent (20, 63%) to Good (8, 25%) and 4 as Adequate.

Opportunities to develop Supervision competencies were highly rated, 94% (30) of placements as Excellent, 1 was rated as Good and 1 was left blank.

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 (16, 50%) and within supervision (16, 50%), however Systemic therapy was used slightly more in supervision (18, 56%). Cognitive Analytic Therapy and Third Wave approaches were also popular therapeutic models used in both supervision and in clinical practice, followed by Psychodynamic approaches.

Other models including Humanistic and Neuropsychological approaches were also used and discussed in supervision. Attachment focused models, Narrative Therapy, DBT and EMDR were often mentioned 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
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 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. Some trainees were not able to use the same desk exclusively on placement days or have access to a quiet space for study. These difficulties typically reflect the working conditions of our supervisors and we continue to work together with them to support the need for adequate resources, but are also sometimes where we have requested additional placements due to a shortage in a given speciality.

Of continued concern this year was that a small number of trainees recorded that they did not have consistent access to a qualified contact to discuss urgent clinical matters with, although this was lower than the previous year. 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. The Assessment of Clinical Competencies (ACC) supervision contract now contains a section to record a named clinician to contact in case of emergencies and additional checklist points on safeguarding procedures, including how to raise concerns about service practices have now been added to the 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. Informal contact with supervisors is sometimes more variable and the BPS requirements for offering placements is now to be highlighted on requests for availability of supervisors, covered at the introductory supervisor workshop held in September every year, and during initial placement meetings with Clinical Tutors.

The minimum standards set in 2016 for all trainees on core placements in years 1 and 2 to be observed 3 times were this year achieved for all first years and all but
four placements in the second year, although all trainees were observed at least twice. All but one third year trainees were also observed, an increase on previous years. All first and second year and most third years were also able to to supervisors in a clinical role, with the vast majority also observing non-clinical roles.

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. This continues to be considered within the curriculum in supporting trainees to be fit for the multiple roles of the Clinical Psychologist in the post qualification workforce. Placement opportunities within the Third Sector are being explored, with one commencing in the period 2018-2019.

Trainees continue to gain a wide range of experience in therapeutic models, both in practice and within supervision, in line with the BPS requirement to develop competencies within CBT and one other model. Additional models of Positive Behaviour Support (PBS) and Third Wave approaches have been included in a pilot expansion of models available that reflect more closely the expertise of our local supervisor base.