
DOCTORATE IN CLINICAL PSYCHOLOGY

COURSE HANDBOOK

2023

**For Year 2 (2022 cohort) onwards
Revised October 2023**

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1 INTRODUCTION

Welcome to the Doctorate in Clinical Psychology Course, which leads to the award of Doctor of Clinical Psychology (DClinPsy). The Course is delivered within the School of Social Sciences, Humanities and Law, which offers a range of undergraduate and postgraduate courses in Psychology.

The Course is accredited by the British Psychological Society (BPS) and approved by the Health and Care Professions Council (HCPC).

The Course starts with a three-week induction, where you will be able to meet members of the Course team and other trainees, familiarise yourself with the course and develop the skills you will need before starting supervised practice, and receive your employee induction. You will also begin the process of Personal and Professional Development (PPD), a support structure that is integral to the course and a version that is unique to Teesside.

This handbook is designed to assist your understanding of the structure and content of the Course, assessment, student support, evaluation, and feedback. If there are any other issues causing you concern or if you have questions that remain unanswered, please feel free to contact any member of the course team who will be happy to help. This handbook should be used in conjunction with the Clinical Practice Handbook, Research Handbook, Module Guides, and the University Handbook.

2 STAFF CONTACT DETAILS

If you need any help or advice, here are the people to contact:

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3 OVERVIEW/PHILOSOPHY OF THE COURSE

The Course is a postgraduate taught award that provides psychology graduates with professional education and training in Clinical Psychology. The Course at Teesside University works in partnership with the NHS and Clinical Psychology services covering Teesside and surrounding areas.

Distinctive Features

Our values

- Reflective practice and the importance of reflection

- Diversity and difference
- Anti-racism
- Inclusion
- Multiple perspectives and critical thinking
- Support and development
- Compassion
- Independent adult learning
- Community context
- Collaboration and co-construction
- Respect
- Choice
- Integrity and authenticity

These values underpin all aspects of course delivery and are articulated further in our distinctive features:

- Layers of trainee support. PPD is an integrated approach to trainee support, which helps trainees manage their personal learning needs and deal with the emotional and physical impact of practice. The PPD system enhances the quality of the learning experience by ensuring that one person (the PPD Tutor) looks holistically at the academic, research and clinical progress throughout the course. This system also enables trainees to begin to plan their personal career pathway. PPD is an integral component of the course and therefore there are PPD modules in each year. In addition, there are other key roles and support functions within the course. These layers of support work together to provide a trainee-centred approach to training. Each trainee is allocated a Clinical Tutor who sees them throughout their placement journey and conducts mid-placement meetings, Group clinical tutorials are facilitated every six months to discuss placements in different specialities. There is a voluntary mentoring scheme which offers trainees a confidential space, separate from other course structures, to discuss their experience of training with an external Clinical Psychologist. The buddy scheme provides trainee to trainee support. Reflective PPD groups, reflective group spaces and peer support networks are designed to explore particular lived experiences and provide a shared, safe space for trainees with protected characteristics. Our Equality, Diversity and Inclusion Leads provide reflective drop-ins for trainees to discuss any pertinent issues. Schwartz Rounds facilitate inter-professional reflection and support.
- The importance of the socio-cultural-political landscape. Understanding the landscape that surrounds modern health and social care is essential. We recognise the importance of the community contexts within which service users and colleagues reside, and the impact of these contexts on psychological health and distress. Trainees are encouraged to critically consider issues of equality, diversity, and inclusion. The course adopts an anti-racist stance.

- A critical approach to training. Trainees are encouraged to adopt a critical approach by conceptualising, reflecting, analysing, and evaluating both underpinning knowledge and their own practice.
- An integrative and broad approach to training. The course presents a range of theories, concepts and skills from which trainees can make informed choices and ultimately identify the way of working that suits them best. We believe that psychological understanding is enriched by access to a range of theoretical models.
- Focus on indirect and organisational working. Consultancy and leadership skills are developed from Year 1, culminating in the offer of an organisational placement in Year 3.
- Choice. We want to develop trainees to become the clinical psychologists they would like to be. Choice is integral to the course wherever possible: thesis topic, third year placements, and specialist therapeutic approach.
- Assessments. These are based on reflection and the role of the clinical psychologist.
- Collaborative relationships. With stakeholders, trainees, service users and service settings.
- Peer interaction and learning. There are blocks of university-based learning at the beginning of each academic year, creating opportunities to meet with other trainees. New trainees pair up with a second-year trainee “buddy” to give some extra support during the early stages of training. Whole programme events and conferences facilitate relationships and learning between and within cohorts. Peer support groups spanning the three years provide an opportunity for trainees to interact with, and mutually support, others with similar lived experiences.

In 2017 the BPS accreditation team commended the course in the following areas:

1. The visiting team was impressed with the way in which the programme has established itself over the past two decades and has shown a sustained record of positive impact on health and social care and meeting the diverse needs of services and service users in the region.
2. The programme has a long-established relationship with external stakeholders which is evidenced in the strong ties with clinical supervisors, and the high regard in which the programme is held by commissioners.
3. The visiting team was impressed by the thoughtful management of change by the Programme Director, some of which has been experienced as loss, and has been profound and rapid. The accreditation team was also impressed by the resilience the programme team has shown in the face of these developments.
4. The programme team has sustained its commitment to developing trainees as effective practitioners and the ability to stay trainee-focused while paying attention to the changing needs of contemporary health and social care services.
5. The continuing strong emphasis on leadership and organisational competencies gives the programme a distinctive identity and is clearly valued by trainees and services alike.

Group of Trainers in Clinical Psychology (GTiCP) Programme Directors' Statement of Intent: Anti-Racism

This statement was jointly written by the GtiCP Programme Directors and is core to the delivery of the course at Teesside.

The GTiCP Programme Directors Sub-group committed to ensuring that all members of the clinical psychology training community feel welcome and included and can learn and work free from the insidious and harmful effects of racism and other forms of discrimination.

At the heart of our commitment are four core principles:

1. We collectively and individually take responsibility for ensuring that our training programmes adopt an ethos and actions that are anti-racist and anti-discriminatory on other grounds.
2. We are committed to personally reflecting on how our own histories, experiences and beliefs may affect how we view the world and our actions, to continue to learn about and disrupt systems of inequality, privilege and oppression, to encourage members of our training community nationally and locally to do the same.
3. We are committed to leading within our training programmes clear action aimed at helping our training communities identify and challenge marginalisation and discrimination of any sort.
4. We acknowledge the legacy of exclusion and marginalisation within psychology, clinical psychology and higher education and commit to pay attention to institutional policies and practices in taking systemic action in line with this statement.

GTiCP Directors Sub-group; January 2020

Teesside Doctorate in Clinical Psychology: Anti-Racism Statement

Teesside University Doctorate in Clinical Psychology (DClinPsy) is wholeheartedly committed, without underlying agenda, to becoming an anti-racist course.

It is our priority to ensure Teesside University DClinPsy is a psychologically safe place to train for current and prospective trainees, course staff, visitors, and other stakeholders from ethnically minoritized backgrounds.

We believe it is not sufficient to be not racist. To be not racist, is to be complicit in the pervasive inequalities and abuses that current racist policies and practices maintain within our profession. We believe that racial groups are equal and support research, policies, and practice that reduce racial inequity. There are no racial groups that require 'development' in order to 'assimilate' into the discipline of Clinical Psychology. It is Clinical Psychology that must change. We believe addressing racist policy and practice within Clinical Psychology is a matter of social justice. We acknowledge the

intersectionality between race, gender, sexuality, and class. We believe to be anti-racist is to also be anti-sexist, anti-homophobic, anti-transphobic, and anti-capitalist¹.

We are committed to recognising and addressing how systemic racism pervades Clinical Psychology, both within the DClinPsy course at Teesside, associated organisations, and the profession as a whole. We cannot acknowledge racism and systemic disadvantage within our training course without acknowledging white supremacy and systemic advantage¹. We believe we have to first acknowledge the power and societal advantage white supremacy and privilege has brought the discipline of Clinical Psychology, before we can work to dismantle this. We are committed to recognising, naming, holding, and grappling with complex emotional tensions (shame, guilt, anger, anxiety) that can (and will) be triggered by anti-racism work, which can act as a barrier to engaging in anti-racism work. In doing so, we aim to support trainees to develop as anti-racist clinical psychologists, who will be a driving force for change within our profession.

We acknowledge the dangers of performative allyship. This involves “leaping from half-listening, straight into action...to prove you aren’t racist...and soothe your own guilt or shame”². As such, we believe in the importance of authentic, meaningful, and long-lasting change. We believe in the principle of ‘do no harm’. We commit to making changes in consultation with individuals, groups, and communities who are directly impacted by racism and racist policy within clinical psychology. We welcome and hope for honest feedback on our policies and practices from our trainees, stakeholders, and the wider public. We aim to respond to feedback in a collaborative way that produces meaningful change.

We support the role of positive action initiatives in order to address racial inequalities. Positive action is not to be confused with positive discrimination or ‘special treatment’. Positive action is about equity and equal access and a fair way to reduce systemic disadvantage.

As a course, we have a long way to go. We aim to be open and transparent about our efforts and our mistakes. We are at the beginning of a journey and will not stop trying to be and do better.

Please see Appendix 1 for guidance on how to respond to racism on placement.

4 AIMS AND OUTCOMES

The overall aim of the Course is to produce Clinical Psychologists who will be eligible to apply for registration with the HCPC as Practitioner Psychologists and for Chartered Membership of the BPS. During your training you are also be eligible to join the BPS as a Graduate Member. The BPS Division of Clinical Psychology also has a Pre Qualification Group. For details of benefits of BPS membership please refer to: <https://www.bps.org.uk/join-us/membership>. The Course aims to provide an innovative, creative, and contemporary training Course to develop Clinical

¹ Ibram X Kendi – How to be an Anti-Racist

² Nova Reid – The Good Ally

Psychologists who are able to contribute to and take leading roles in the provision of psychological health care throughout NHS Services. The learning outcomes for the Course are detailed in Appendix 2.

5 STRUCTURE OF THE COURSE AND MODULES

As required by the regulations for Professional Doctorates (2023) the Doctorate in Clinical Psychology is a three-year course which comprises 540 credits. The first year is a transition year from undergraduate study to the intellectual skills required at master's level with 80 credits at Level 7 for the taught element of the course (an additional 40 credits are undertaken as supervised practice but these are assessed at doctoral level). The second and third years of the course are at doctoral level (460 credits at Level 8). The course is only available full time.

There are five integrated strands to the curriculum: Psychological Theory and Evidence (PTE); Developing Clinical Skills (DCS); Research Skills; Personal and Professional Development (PPD) and Supervised Practice. Each strand runs throughout the three years of the course, with clear progression in terms of skills. A module that spans each academic year represents each strand, and each of the modules complements concurrent modules. Therefore, the theoretical content of the PTE module parallels the focus of the DCS module in the same year whilst tying in with the placements which are undertaken in that year.

PTE provides the theory underpinning practice. Year 1: children and adolescents, working age adults, older adults, and individuals with learning disability and/or neurodiversity, Year 2: specialist services including neuropsychology, physical health, forensic, addiction, eating disorders, and psychosis. Year 3: Complex presentations.

DCS introduces therapeutic skills, beginning with basic techniques, and progressing to more specialist interventions/skills. Trainees develop proficiency in a wide range of psychological assessment methods and in a range of psychological therapies. Year 1: work with service users across the lifespan, with a learning disability, and/or neurodiversity, Cognitive Behavioural Therapy (CBT), psychodynamic approaches, systemic, Cognitive Analytic Therapy (CAT). Year 2: CBT, CAT, Psychodynamic and Systemic models at an intermediate level, in addition to other therapeutic approaches. Specialist services including neuropsychology, physical health, forensic, addiction, eating disorders, and psychosis. Year 3: advanced/specialist therapeutic approaches in complex situations.

Research Skills builds on previous competencies acquired during undergraduate-level studies and culminates in the production of the doctorate thesis. As per the University regulations on Professional Doctorates the Research skills strand contains a total of 60 credits of advanced research methods training (20 credits in Year 1 and 40 credits in Year 2) which provides the training required for the trainees to commence their advanced independent work – the Thesis (180 credits). In Year 1 (Advanced Psychological Research Methods) trainees develop a critical understanding of research methods, an understanding of the socio-political context of research, skills in writing a critical review and research proposal. During the second year of research skills (Advanced Design for Clinical Psychological Research Projects) the focus moves towards preparing trainees for their Thesis in terms of preparing Thesis research

proposals and ethics applications. The research skills strands culminate in the production and Viva of the Thesis.

PPD aims to produce reflective, self-aware, culturally competent practitioners who can deal with the emotional impact of practice. Year 1: self-care, reflective skills, supervision, socio-cultural factors, difference, ethics, culture and power, anti-racist practice, diversity. Year 2: understanding organisations, exploring race, culture and identity, the NHS, teams, leadership. Year 3: supervising, teaching, consultancy, different cultural perspectives on Psychology.

Supervised Practice takes place throughout the course and, in line with BPS standards, constitutes 50% of the course. There are six placements, each six months in length. Years 1/2: Adult Mental Health, Children/Adolescents, Older Adults, and Special Needs (including Learning Disability). Year 3: Specialist Therapy Placement and Elective or Organisational Placement. Trainees can also gain experience of long-term case work by working half a day/week in a specialist service. Note that all taught modules are a year in length.

Neuropsychology

The neuropsychology teaching at Teesside is designed to help trainees gain a knowledge base and experience in neuropsychology which may also form a good basis for those who may be interested in further specialising in Clinical Neuropsychology after the completing their doctorate. This knowledge and experience may help with partial accreditation towards a post-qualification Diploma in Neuropsychology delivered by the University of Bristol, and/or potentially the Qualification in Clinical Neuropsychology (QiCN) route.

THE STRUCTURE OF THE COURSE

| Strand | Psychological Theory and Evidence | Developing Clinical Skills | Research Skills | Personal And Professional Development | Supervised Practice | Credits per year |
|---------|---|---|--|---|---|------------------|
| YEAR 1 | <p>PTE 1 (Level 7) Theory relating to:</p> <ul style="list-style-type: none"> • Development across the lifespan and for those with a learning disability and/or neurodiversity • Mental health problems; psychosocial impacts on mental health, early experiences, trauma, loss, and assessing risk. | <p>DCS 1 (Level 7)</p> <ul style="list-style-type: none"> • Working across the lifespan with a learning disability, and/or neurodiversity • Assessment, formulation, intervention and evaluation • Introduction to CBT, psychodynamic approaches, systemic therapy, CAT | <p>Advanced Psychological Research Methods (Level 7)</p> <ul style="list-style-type: none"> • Qualitative & quantitative research methods • Critical reviews • Writing proposals (including a presentation of a thesis proposal) | <p>PPD 1 (Level 7)</p> <ul style="list-style-type: none"> • An introduction to PPD • All PPD modules are orientated around six developmental themes, these include: Equity, Diversity and Inclusion, Self-Care, Supervision, Critical Thinking and Leadership, and Reflective Practice. • Development of self-awareness, and the ability to think and work critically and reflectively. | <p>Lifespan Placement 1 (Level 8) Child/Adult/Older Adult/Special Needs 20 credits</p> <p>Lifespan Placement 2 (Level 8) Child/Adult/Older Adult/Special Needs 20 credits</p> | |
| Credits | 20 | 20 | 20 | 20 | 40 | 120 |
| YEAR 2 | <p>PTE 2 (Level 8) Theory relating to:</p> <ul style="list-style-type: none"> • Specialist services including neuropsychology, physical health, | <p>DCS 2 (Level 8)</p> <ul style="list-style-type: none"> • Specialist services including neuropsychology, physical health, forensic, addiction, eating | <p>Advanced Design for Clinical Psychological Research Projects (Level 8)</p> | <p>PPD 2 (Level 8)</p> <ul style="list-style-type: none"> • Continues with the PPD aspect of the programme • All PPD modules are orientated around six | <p>Lifespan Placement 3 (Level 8) Child/Adult/Older Adult/Special Needs 20 credits</p> | |

| | | | | | | |
|-----------|---|---|---|--|---|-----|
| | <p>forensic, addiction, eating disorders, and psychosis.</p> <ul style="list-style-type: none"> • Service and organisational issues. • Exploring CB, psychodynamic approaches, systemic therapy, and CAT in further depth, with reference to service users groups in specialist services. | <p>disorders, and psychosis.</p> <ul style="list-style-type: none"> • Intermediate level CBT, psychodynamic approaches, systemic therapy, CAT. | <ul style="list-style-type: none"> • Research proposal (thesis) & ethics application • Small scale service evaluation | <p>developmental themes, these include: Equity, Diversity and Inclusion, Self-Care, Supervision, Critical Thinking and Leadership, and Reflective Practice.</p> <ul style="list-style-type: none"> • Organisational/systemic approaches, the structure and function of the NHS, leadership skills, and working with multidisciplinary groups and teams. | <p>Lifespan Placement 4 (Level 8) Child/Adult/Older Adult/Special Needs 20 credits</p> | |
| 40Credits | 20 | 20 | 40 | 20 | 40 | 140 |
| YEAR 3 | <p>PTE 3 (Level 8)</p> <ul style="list-style-type: none"> • Personality disorder • Eating disorders • Substance abuse | <p>DCS 3 (Level 8)</p> <ul style="list-style-type: none"> • Advanced therapeutic approaches | <p>Thesis (Level 8)</p> <ul style="list-style-type: none"> • Thesis preparation | <p>PPD 3 (Level 8)</p> <ul style="list-style-type: none"> • Continues with the PPD aspect of the programme • All PPD modules are orientated around six developmental themes, these include: Equity, Diversity and Inclusion, Self-Care, | <p>Specialist Therapy Placement (Level 8) 20 credits</p> <p>Elective Placement or Organisational Placement (Level 8) 20 credits</p> | |

| | | | | | | |
|-----------------------------|-----------|-----------|------------|--|-----------|------------|
| | | | | Supervision, Critical Thinking and Leadership, and Reflective Practice. <ul style="list-style-type: none"> • Dealing with more complex ethical dilemmas | | |
| Credits | 20 | 20 | 180 | 20 | 40 | 280 |
| Total Course Credits | | | | | | 540 |

6 LEARNING AND TEACHING STRATEGY

The learning, teaching and assessment strategy is designed to develop the necessary knowledge and skills for a career in Clinical Psychology and begin the life-long process of personal and professional development. Key transferable skills such as self-awareness and reflective practice, communication, ICT skills, collaborative working, cultural competency, and managing own learning are integrated throughout the course and in each strand of the curriculum. You will also develop the cognitive and conceptual qualities necessary to engage in critical analysis of core theories and empirical evidence related to Clinical Psychology practice. A range of learning and teaching strategies will be employed including lectures, student-led seminars, structured group experiences, individual and group tutorials, negotiated learning and supervised clinical practice. Overall, the Learning, Teaching and Assessment strategy aims to support an independent approach to learning that is increasingly trainee centred. The Learning Outcomes for the Course are listed in Appendix 2.

A central value of the Course is the involvement of experts by experience in Course design and delivery. The Course team take care to ensure that the time and interest invested by experts by experience is concentrated so that their voices are heard directly by our trainees.

Our learning and teaching strategy also emphasises **the requirement to attend all aspects of the Course** in the same way that trainees would be expected to attend work as a full-time employee. In this respect, full attendance, including appropriate use of personal study days, is expected (in accordance with BPS accreditation standards at least 10% of the Course time is allocated as personal study time). It is important, therefore, that trainees ensure they have booked into their diaries in advance all Course activities as set out in the timetables; please also make sure that you note any changes to your timetable as communicated to you.

We are aware that on occasion it may be necessary to take a day of annual leave during teaching time. Therefore, up to three days of annual leave during teaching time are permitted, at the discretion of the Programme Director. You will be expected to access the relevant learning materials in your own time.

Online attendance to face to face teaching sessions **is not permitted**.

Attendance is monitored, although it is recognised that various processes are required to manage specific personal and professional circumstances where authorised absence is required, including annual leave, sick leave, and special leave; as well as other occasions when authorisation is required for you to be somewhere other than you are timetabled to be. The Course-specific processes are set out in detail in the Administrative Matters section below. Please familiarise yourself with these processes as failure to comply with them constitutes unauthorised absence and could lead to a Fitness to Practice investigation.

There is a specific minimum attendance requirement of 56 days for each placement which is set in order to ensure appropriate learning occurs in each practice setting (see Assessment in Practice section below). Please ensure that when you are requesting or have had to seek authorisation for time off placement, for whatever

reason, that you consider this requirement since falling below it would normally affect progression into subsequent placements.

7 TRACKING YOUR DEVELOPMENT

You will be given feedback from your Course team as you develop on the course. We hope you will take this feedback on board and find it helpful, as it is provided to support your learning and development as a Clinical Psychologist.

Please note that feedback is not limited to comments on your assessed work, although of course you will receive feedback on this. It also includes feedback on your ongoing progress on the module.

Feedback will be given from tutors and Module Leaders about your progress. This will include formal feedback on assessed work and informal feedback through tutorials and supervision within both academic and practice modules. Additional feedback may be given verbally by module tutors and leaders. Feedback on practice modules will be provided throughout all placements within weekly supervision. Formal feedback is given in the supervisor practice assessment form at the end of each placement. These feedback mechanisms ensure continuous support to your learning and development; and allow continuous monitoring of progress.

8 ASSESSMENT STRATEGY

A variety of assessment strategies are utilised within the Course to provide experiences to challenge and extend you. Feedback is the basis for advancement and is a measure of your learning and skill development. Details of the assessment criteria for each module can be found within each Module Guide, along with word count limits and policy. An assessment calendar is provided on the Clinical Psychology Course site on <https://bb.tees.ac.uk> at the beginning of each academic year. A full assessment chart is detailed in Section 10.

Because the Course includes Level 7 (Master's level) modules in the first year, these modules are assessed using the **Assessment Regulations for Taught Masters Level Awards (New)**. Progression into Year 2 and the whole of Years 2 and 3 are governed by the **Assessment Regulations for Professional Doctorate Awards (Revised)**. These regulations are included on the <https://bb.tees.ac.uk> and can be found at:

https://www.tees.ac.uk/docs/index.cfm?folder=Student%20regulations&name=Assessment%20Regulations&folder_id=46

We strongly recommend that you familiarise yourselves with these.

The regulations provide information about intermediate and aegrotat awards. Successful completion of the Doctorate in Clinical Psychology confers eligibility to apply for registration with the HCPC and Chartership with the BPS. Intermediate or aegrotat awards do not confer eligibility for HCPC registration.

Marking and moderation

All marking is 'moderated' within the Course team. This means that another member of the team sees a sample of work from each module and reports on whether they believe the marking and feedback is fair and appropriate. All failed work is double-marked (marked afresh) by another member of the Course team.

Students often ask questions about how we know that their degree is broadly of the same standard as degrees awarded for similar courses by other universities. In the UK we have a system called External Examining which is one of several ways that we confirm that standards are met. An External Examiner is generally an experienced lecturer from another University/Higher Education Institution, who offers an independent view as to whether the work of students on the Course is of the correct standard. The External Examiner does this by looking at a sample of work (e.g. assignments, exam answers, dissertations), discussing the work with Module Leaders and the Programme Director and attending the assessment boards to endorse results. They then produce an annual report which highlights any good practice they have seen and allows them to report any concerns they may have. They also confirm in their Report that academic standards and achievement are comparable with the UK Higher Education sector. The External Examiners' reports are made available to students via the 'courses' tab in e-vision and are also considered annually at relevant Course Boards.

The main External Examiner for your Course is Dr Ian Smith and he works at Lancaster University. Sometimes, your modules may have a different External Examiner and your Module Leader can provide details on request.

Please note that students are not permitted to contact External Examiners directly and External Examiners will not respond to any communication from individual students. If you have any concerns about your Course then please speak to the Programme Director.

Detailed guidance regarding generic Master's and Doctorate-level assessment criteria, referencing guidelines, student support and other assessment information can be found in the Student Essential Guide and at <https://bb.tees.ac.uk> We comply with all School and University regulations.

An Assessment Chart is included overleaf to provide details of the nature of the formative and summative assessments in the Course. Specific submission dates are provided via the Module Guides and at <https://bb.tees.ac.uk>

Assessment and Progression through the Course

Placement Progression

There is one progression point between the first and second placement of each academic year. An assessment board is held in May to determine if a trainee has passed their first placement of the academic year and can progress to the second placement of the year. The course has a variance in place which means that trainees can only be offered one reassessment following placement failure. Failure of the reassessment automatically leads to course failure.

In the case of placement modules, if trainees are offered a reassessment and this is subsequently passed, the training may need to be extended beyond the expected completion date to allow for all six placements to be completed. Trainees need to be aware that funding for such an extended training is dependent on Health Education England approval.

Progression from Year to Year

A second progression point takes place at the end of each academic year at the Progression and Award Board, which is held in September. The Progression and Award Board determines whether a trainee has made sufficient progress to move to the next year of the course.

In the case of academic modules, if any work is failed, trainees will be offered a reassessment attempt. This attempt must be completed within four weeks of the release of marks by the board. This offer is at the discretion of the May or September assessment board, depending on the timing of the assessment in the academic calendar.

Progression from Year 1 to 2, and Year 2 to 3, requires all modules to be passed. However, if trainees are offered a reassessment for failed work at the September Progression and Award Board, they can 'progress under provision'. This means they can progress to the subsequent year of training, pending the outcome of their reassessment. All reassessed work is capped at a mark of 50%.

Please note that if you progress under provision, you are not able to submit any work for any of the subsequent year, until the outstanding work from the previous year is passed. If this applies to you, please liaise with your module leader about an extension. This can occur, for example, if you fail Advanced Psychological Research Methods in Year 1. In this case you will require an extension for the Advanced Design for Clinical Psychological Research Projects research proposal, which is normally due at the end of October in Year 2. Progression under provision also means that you will not be able to access module sites on Blackboard Ultra until your reassessed work is passed. In this situation, module leaders will ensure that you have all relevant information and materials via other means.

If you have any queries about progression and reassessment, please contact the Programme Director to discuss.

9 ASSESSMENT CHART

| Module Name | Formative Assessment Type and Week of Completion (approximate) | Summative Assessment Type and Week of Submission (approximate) |
|---|---|---|
| Year 1 | | |
| PTE 1 | 500-700-word short answers to questions | 3,000-word essay |
| DCS 1 | N/A | A case study presentation (30 minutes plus 10 minutes for questions) |
| Advanced Psychological Research Methods | Presentation of proposal for thesis project | Critical review (2,000 words) (50%) Project proposal (2,000 words) (50%) |
| PPD 1 | | 3,000-word reflective assignment |
| Placement 1 | Via placement supervision and placement visit | The Supervisor Practice Assessment; the Supervised Placement Agreement; the Trainee Logbook; the Trainee Declaration; the Informed Consent Declaration; the Trainee Practice Portfolio all normally in either Week 23 or 19 of the placement. |
| Placement 2 | Via placement supervision and placement visit | The Supervisor Practice Assessment; the Supervised Placement Agreement; the Trainee Logbook; the Trainee Declaration; the Informed Consent Declaration; the Trainee Practice Portfolio all normally in either Week 23 or 19 of the placement. |
| Year 2 | | |
| PTE 2 | Group presentations | 4,000-word essay |
| DCS 2 | | 40-minute individual presentation including 10 minutes' facilitated discussion |

| | | |
|--|---|--|
| Advanced Design for Clinical Psychological Research Projects | | 3,000-word research proposal (50%) 3,000-word small scale service improvement project (50%) |
| PPD 2 | | 3,000-word reflective assignment |
| Placement 3 | Via placement supervision and placement visit | The Supervisor Practice Assessment; the Supervised Placement Agreement; the Trainee Logbook; the Trainee Declaration; the Informed Consent Declaration; the Trainee Practice Portfolio all normally in either Week 23 or 19 of the placement |
| Placement 4 | Via placement supervision and placement visit | The Supervisor Practice Assessment; the Supervised Placement Agreement; the Trainee Logbook; the Trainee Declaration; the Informed Consent Declaration; the Trainee Practice Portfolio all normally in either Week 23 or 19 of the placement |
| Year 3 | | |
| PTE 3 | | 1,500-word brief format report (70%) Viva examination (20 minutes) (30%) |
| DCS 3 | | 25-minute individual presentation and 20-minute trainee-led discussion |
| Thesis | Via supervision throughout the module | A thesis Viva Voce (oral examination) |
| PPD 3 | | 4,000-word reflective assignment |
| Elective Placement (Option*) | Via placement supervision and placement visit | The Supervisor Practice Assessment; the Supervised Placement Agreement; the Trainee Logbook; the Trainee Declaration; the Informed Consent Declaration; the Trainee Practice Portfolio all normally in either Week 23 or 19 of the placement |

| | | |
|------------------------------------|---|--|
| Specialist Therapy Placement | Via placement supervision and placement visit | The Supervisor Practice Assessment; the Supervised Placement Agreement; the Trainee Logbook; the Trainee Declaration; the Informed Consent Declaration; the Trainee Practice Portfolio all normally in either Week 23 or 19 of the placement |
| Organisational Placement (Option*) | Via placement supervision and placement visit | The Supervisor Practice Assessment; the Supervised Placement Agreement; the Trainee Logbook; the Trainee Declaration; the Informed Consent Declaration; the Trainee Practice Portfolio all normally in either Week 23 or 19 of the placement |

***Note: trainees will only take one of the two option modules**

10 ASSESSMENT IN PRACTICE

You are assessed in practice following each practice placement.

At the **Initial Practice Meeting (IPM)** between trainee and supervisor a Learning Contract is agreed by both trainee and supervisor, to review the trainee's previous experience, the supervised practice available, and set practice goals with specific reference to the trainee's needs and interests. With the exception of first practice, reference will also be made to strengths, weaknesses and omissions of significance during the previous supervised practice.

The **Mid-practice Meeting (MPM)** occurs approximately halfway through the Practice Placement. The purpose of the meeting is to ensure that the placement is providing an effective and supportive learning environment, to promote reflection on potential enhancements on the learning scaffolding and to monitor trainee performance and development. Following BPS guidance, initial individual two-way meetings are held between the Clinical Tutor and each of the trainee and supervisor. A three-way joint meeting is then held, in which the various sections of the mid-practice form are completed. As part of the meeting the supervisor is asked to give specific feedback about the trainee's performance, including whether there is any cause for concern in any aspect of the trainee's work to that point. The contents of the mid-practice form are agreed upon and signed by the trainee, Clinical Tutor, and Placement Supervisor and taken by the Clinical Tutor to be recorded in the trainee file.

The **Final Practice Meeting (FPM)** usually takes place at some point during the last month of the placement between the trainee and supervisor. The supervisor and trainee complete their respective evaluation forms prior to this final placement meeting. The Placement Supervisor must be satisfied that the trainee is competent in all aspects of practice, as assessed by the Supervisor Practice Assessment Form.

Failure in Practice

Trainees must be considered competent in all aspects of professional practice, as defined by the criteria in the supervisor assessment form, in order to pass the practice placement module and progress on the Course.

If the supervisor assessment form identifies one area of mild concern, the placement will be deemed to have been passed. The details and nature of the mild concern will be identified on the Placement Continuation Sheet and the trainee and next Placement Supervisor will develop a plan of action to enable sufficient support and practise in the area concerned, so that the relevant competencies can be fully passed on the next placement. The Clinical Tutor will specifically monitor progress of the referred area at the mid-placement Meeting.

If the trainee is referred in two or more areas of mild concern, or one area of serious concern, then the trainee will be required to undertake either the whole or part of the clinical experience again. This may be with a different supervisor at the discretion of the Programme Director, in consultation with the Clinical Tutor. If a subsequent failure occurs following this reassessment the trainee will be withdrawn from the Course.

A minimum of 56 days' attendance on each placement is required (see Learning and Teaching Strategy section above). Trainees who are unable to progress because of less than 56 days' attendance in any placement will be required to undertake either the whole or part of the clinical experience again, at the discretion of the Programme Director, in consultation with your Clinical Tutor.

In the rare event that a trainee, at any point in their training, is considered to have potentially engaged in unprofessional conduct or regarded as potentially unfit for practice, they will be subject to investigation through the University Fitness to Practise Regulations:

<https://extra.tees.ac.uk/sites/publicdocuments/Legal%20and%20Governance%20Services/Fitness%20to%20Practise%20Regulations.pdf>

Trainees who are NHS employees may also be suspended from their employment with the Trust pending investigation, and may be subject to the employing Trust's policies and procedures relating to professional misconduct.

Please note, that trainees are not covered by the University for transporting clients and should not do this. **Full details regarding the operation and assessment of the clinical placements are included in the Clinical Practice Handbook.**

It is important to remember that for ALL assessments you are required to comply with the guidance on conduct and ethics provided by both the HCPC and BPS. Full details of these are available via the Doctorate Clinical in Psychology Course Site on <https://bb.tees.ac.uk> The links are also provided in this Handbook.

11 COURSE EVALUATION

The Course and the University relies on trainee feedback as a key method of assuring and enhancing the quality of learning and teaching. Your feedback is very important to us and we will invite you to give constructive feedback on your learning experiences both formally and informally at various points in your Course, for example by evaluating your University teaching during and at the end of each module.

Your Feedback to the Course Team

All members of the Course team will provide opportunities for you to give feedback on the Course Induction and Course modules (academic and practice). The feedback process is continuous; informal feedback can be given within modules and more formal feedback will be provided at the end of modules through the EvaSys module evaluation system.

Trainee representatives from each year group are members of our working groups (Academic, Clinical, Service User and Carer, Recruitment/Marketing) and our Equality, Diversity and Inclusion Steering Group, and of the Course Board. The groups and the Course Board provide opportunities to bring feedback from your cohort on all aspects of the Course.

Information will be recorded from all feedback mechanisms so that you can see how the Course team respond to the feedback that you provide. Verbal and electronic feedback can be provided. Electronic feedback will be given through <https://bb.tees.ac.uk>. Trainee representatives on the working and steering groups and Course Board are sent copies of meeting minutes.

The Course team hope that you will find the Course interesting and rewarding. We always welcome constructive comments from trainees and strive continually to redevelop and refine modules in response to feedback. Your informal comments will be valued and there is also a formal evaluation procedure built into the Course. You will be asked formally to evaluate modules at the end of each module. We are interested in your views on the relative strengths and weaknesses of the modules and also on your experience of the Course as a whole. Comments that you may have and suggestions for improvement that you may wish to make will be valued and appreciated.

12 TRAINEE SUPPORT

Information regarding the University and the Student Charter can be found on the University website: www.tees.ac.uk. This includes details regarding equal opportunity, guidance to procedures and regulations, and information about the Library.

There are a number of different support mechanisms in place to help trainees during their studies on this Course. Individual tutorials support academic work, personal and professional development, and research within the Course. Additional support is available from the Student Life Centre.

With regards career support, trainees are encouraged to discuss career development and choices with the Course team. Teesside University also has a Careers Service as well as a dedicated online portal to assist with career preparation and advice: <https://www.tees.ac.uk/depts/studentfutures/careers/>

Module Leaders

Each module will have a designated member of staff who will provide academic guidance regarding issues related to the module. The Module Leader will be able to give specific guidance if you are experiencing any difficulties with the content of the module or if you have queries about the assessment strategy.

Academic Thesis Supervision

In the first year of the course trainees are encouraged to identify the research topic for their doctoral thesis and then to develop the topic into a proposal. Trainees will be supported by an **Academic Supervisor** from either the core team or other relevant disciplines in the wider University e.g. Psychology, and a **Field Supervisor** from a relevant area of practice. Placement-based research is encouraged by the BPS in order to integrate theory and practice and encourage research activity post-qualification. The Programme Director is responsible for assisting the allocation of supervisor to the core team members. Trainees are responsible for arranging all meetings with their Academic Supervisor.

The **Field Supervisor** is usually a clinical psychologist working within the NHS with expert knowledge of the clinical topic under investigation. They are the primary source of advice on issues relating to the practical/clinical aspects of the research, such as availability of patient participants and procedures for obtaining access to them, and selection of appropriate clinical measures.

Personal and Professional Development (PPD)

The initial PPD meeting takes place during the first months of Year 1. After that, you will meet with the PPD tutor at least twice a year to monitor and review progress and develop your skills in self and critical reflection. You are expected to take the lead in these meetings and prepare for the tutorial by reflecting on your progress before the meeting using the relevant self-evaluation tool. Training needs for both academic work and supervised clinical practice will be negotiated and agreed.

Equality, Diversity, and Inclusion Leads (EDI Leads)

The EDI leads are available for informal 'drop-in' sessions to discuss and reflect on any aspect of your training experience in relation to your training experience. You may access these spaces as little or as often as you would find helpful. These spaces are entirely confidential and any information discussed will not be shared with the course staff, unless this is explicitly discussed within the drop-in session, or there are significant concerns about your well-being. The EDI leads can also be contacted via email on an informal basis.

Peer Support Groups

There are peer support groups available in relation to the following protected characteristics/aspects of identity:

- Experience of being from an ethnically minoritised community or background
- Experience of being a carer
- Having lived experience of mental health challenges or distress
- Experience of identifying as LGBTQIA+
- Experience of identifying as Neurodiverse
- Experience of having a physical health condition or (dis) ability

These support groups are entirely trainee led, with meeting frequency variable dependent upon the group. If you are interested in being involved in one or more of these groups please get in touch with the EDI leads on EDI_DClinPsy@tees.ac.uk who will put you in touch with the network.

Reflective Groups

There are also reflective groups available in relation to the above protected characteristics/aspects of identity. These are running for the first time in academic year 2022/2023. They will be externally facilitated by clinicians with lived experience of the focus of the group and will take place at the end of each Placement. If you are interested in being involved in one or more of these groups please get in touch with the EDI leads on EDI_DClinPsy@tees.ac.uk.

Responding to Racism in Clinical Practice Document

If you experience or witness racism in clinical practice, we have a specific guidance document available in Appendix 1 which details the actions placement supervisors and the course will take to support you.

Careers Guidance

Careers guidance is available from all tutors and from NHS clinical psychologists, and career preparation is one aspect of the PPD System. In the second half of Year 3 you will be encouraged to consider your preferred post-qualification specialty and placements in Year 3 are an opportunity for you to sample working in a setting of your choice. Local heads of Clinical Psychology services provide information on current and future vacancies on a regular basis.

The Clinical Tutor

The Clinical Tutor is responsible for monitoring progress in clinical practice throughout the Course. The Clinical Tutor meets with the trainee and the Placement Supervisor once during each clinical placement, normally at the mid-point of the clinical experience. The trainee should prepare for this meeting by setting time aside with your supervisor to discuss the supervisor assessment form so that full feedback can be given regarding the competencies which will be assessed at the end of the placement. An individual tutorial with the Clinical Tutor will be held at the end of each placement to monitor development over the last placement and identify development needs and aspirations for the next one.

Support for Students with Disabilities

Teesside University provides services to support students with disabilities. Please visit here for more advice and sign posting:

<https://www.tees.ac.uk/sections/stud/disability.cfm>

Clinical Supervision

Supervision in all placements will meet the standards set out in the BPS Guidelines on Clinical Supervision:

<https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Practice%20Guidelines%20%28Third%20Edition%29.pdf>

Each trainee will have a named supervisor who is responsible for supervision and the formal assessment of the trainee in practice. This is normally a Clinical Psychologist with at least two years' experience post-registration, who has clinical responsibilities in the placement area. If you have concerns about a practice placement area, the procedure to follow to record any concerns is detailed in the Clinical Practice Handbook.

The Learning Hub

The Learning Hub offers advice to all students on developing their skills as independent learners and on related areas including maths and statistics. Drop-in workshops on topics such as referencing, finding information, and writing essays are available throughout the year. See here for more information:

https://libguides.tees.ac.uk/learning_hub

Discontent – Please Talk to Us

If you have a concern about any aspect of your learning experience, then you should raise this with your Module Leader and/or PPD Tutor in the first instance. If you are not satisfied with the outcome, then you should address the matter with the Programme Director. If you are still not satisfied with the outcome you can then follow the University complaints procedure to the next stage.

Please note anonymous complaints cannot be dealt with.

13 ADMINISTRATIVE MATTERS

Photocopier

The system operates by using your TUSC and touching the options on the display panel on the print station.

Handouts and other teaching materials are posted by the Module Leader via <https://bb.tees.ac.uk>

Personal Details/Procedures

Please notify the Programme Director of any change of address/telephone number etc. You will also need to change any details on evision. Trainees must also inform Tees, Esk and Wear Valleys NHS Trust.

Employment and Annual Leave

Your NHS contract of employment stipulates that you are employed on a full-time basis and so are expected to fulfill all duties expected of a Trainee Clinical Psychologist on all work days. These contractual duties cover all aspects of the programme including attendance at teaching, as well as working during self-directed study days. Full attendance is required unless you have permission to be elsewhere.

Under Agenda for Change, you have an allocation of leave for each year, running the full duration of the academic year from its **start date** in September to the **end** of the year, the following September. This is calculated as follows, taking account of start dates creating part years:

| | | |
|------------------------------------|---------|---------------------|
| Up to 5 years NHS employment: | 27 days |) |
| 5 to 10 years NHS employment: | 29 days |) + 8 Bank Holidays |
| more than 10 years NHS employment: | 33 days |) |

Please discuss with the Programme Director when you start the course, your number of NHS service years and your leave allocation.

Annual Leave Procedure

All relevant forms are located in the **Absences and Leave** section of the <https://bb.tees.ac.uk> Programme site.

Trainees can request to take their allocated leave at any time in the year using the **Annual Leave Record and Request Form**, emailed to the Programme Director, subject to the following:

1. During term time it is expected that you attend all teaching days. However, up to three days of annual leave during teaching days are permitted, at the discretion of the Programme Director.

2. You will be required to take up to five days' annual leave during the last week of the academic year. This is the compulsory leave week and forms part of your leave entitlement for that academic year. It is important to ensure that you have these days set aside when planning your annual leave.
3. Outside of teaching time, normally full weeks of leave should be taken in order to fulfil your professional responsibilities to your employer, particularly in terms of self-care. Study days must be taken as leave when you are taking a break from your work and cannot be taken to supplement annual leave. Normally, you will be expected to take at least three full weeks in some combination through the leave year. Exceptional circumstances will be considered but requests must be made in writing to the Programme Director. Remember, if you request to take placement days as annual leave but keep the study days in that week for this activity, you will be expected to study.
4. During placement periods, it is important that annual leave is taken in consultation with Placement Supervisors such that there is agreement that the integrity of the placement and appropriate supervision requirements are appropriately maintained. Before annual leave requests are emailed to the Programme Director, therefore, trainees should discuss this with their Supervisor and obtain signed confirmation of the Supervisor's approval on the Annual Leave Record and Request Form.
5. Sometimes annual leave has to be booked well in advance, before the trainee has commenced the placement. In such circumstances the annual leave request should be discussed with the Clinical Tutor who will review the situation and, if appropriate, sign a confirmation of the arrangements on behalf of the upcoming supervisor. When this occurs the Supervisor will be informed as soon as possible of the arrangements.
6. Please note that Supervisors may wish to impose limits on the flexibility of leave taken in order to fulfil service obligations. Where you and your Supervisor's needs are in conflict, this should be brought to the attention of your Clinical Tutor at the earliest opportunity.
7. You must not take an unreasonably large amount of leave from either one of the two placements in the year. You are expected to achieve a reasonable balance of time off between the two placements and must plan this in advance where possible.
8. **All annual leave requests therefore involve submission of an Annual Leave Record and Request Form, via email to the Programme Director. The leave is then recorded on the system and you will receive an email confirming it has been approved, or otherwise.**

A record of leave taken will be kept by the University and trainees are professionally responsible for managing their leave in accordance with the conditions set out above.

Sickness Procedure

All trainees are required to report sickness absence to Teesside University and TEWV for placement days, teaching days, personal study days and research days. On the first day of sickness, trainees are required to:

1. Email the absence generic inbox: ClinPsychAbsence@tees.ac.uk. The Programme Director, Module Leaders and University administration all have access to this inbox and it will be checked daily.
2. Also copy in the TEWV PA responsible for trainee employment matters: Kay Gannan: kay.gannan@nhs.net

3. Trainees must complete a TEWV Self-certification Form for the first five days' absence and a Doctor's sick note for absence beyond five days. Please submit these directly to both the generic inbox and to Kay Gannan. A Trust Sickness Absence Notification Form will be completed which will record information and communications about the sickness during the absence and will be kept on record by the employer.
4. If sickness absence occurs for placement days or it seems likely that sickness absence will extend into practice days, the trainee should also inform the Placement Supervisor to inform them of the absence.
5. Trainees should keep the Programme Director and Placement Supervisor informed throughout the duration of episodes of sickness absence and inform both parties when they become fit to return to studies and to the placement.
6. Administrative staff will record the absences on School systems.
7. A Return to Work Interview should take place on return to work. Trainees may have to book time off placement for this to occur. Admin staff will be in touch to confirm the meeting details.

The University and TEWV keep records of all instances of sickness/absences.

Authorised Leave of Absence

In exceptional circumstances, such as bereavement or a childcare emergency, authorised absence may be granted. The details of the policies around such leave are provided via the TEWV intranet system, InTouch. It is trainees' responsibility to make themselves familiar with these policies. If the exceptional circumstance meets TEWV criteria for leave, then complete the relevant form and follow the same procedure for sickness absence outlined above.

Time for absences in relation to, for example, medical appointments must be agreed with the Programme Director and supervisor (if during placement) in advance.

Resources

Assessment tests and audio/visual equipment and encrypted laptops for recording on placement are available to trainees. Please contact the Senior Psychology Technician Nicole Beddard at N.Beddard@tees.ac.uk if you wish to book out tests, equipment or laptops.

Link Trainee Scheme

The majority of teaching on the Doctorate in Clinical Psychology is delivered by visiting NHS clinicians. The 'Link Trainee' scheme has been instituted to ensure visiting lecturers find the experience positive and to make sure there is a responsive link between trainees and the core team. Link Trainee responsibilities are posted on the <https://bb.tees.ac.uk>. We recruit volunteers to the Link Trainee positions for the whole three years at the start of your Course.

Trainee Representative System

Two Trainee Representatives (a primary and a secondary) are required from each Course year to represent the trainees at various committees and working groups throughout the year, although only one is required at any one time. We recruit

volunteers to the Trainee Representative positions for the whole three years at the start of your Course.

Catering Facilities

The nearest University catering facilities are situated within the Garden café in the Clarendon Building. Additional catering facilities are available in the Learning Cafe in the Library, the Tower, the Curve, the Student Life Centre and in the Students' Union building.

IT Resources

In addition to the PCs for student use within the Clarendon Building, there are PCs available in the Library.

APPENDICES

APPENDIX 1

– Responding to Racism in Clinical Practice Guidance Document

Teesside University Doctorate in Clinical Psychology Guidance on Responding to Racism in Clinical Practice

This document has been drafted by the Equality, Diversity, and Inclusion (EDI) leads in collaboration with the EDI steering group.

Introduction

This guidance document has been developed in acknowledgement of some of the unacceptable experiences of racism, including microaggressions, experienced by Teesside Doctorate in Clinical Psychology trainees whilst on Placement.

Experiencing or witnessing any form of racism whilst on clinical placement is distressing and traumatic. Trainees and supervisors often report that it can feel difficult to know how to respond to racism both in the moment or upon reflection. This guidance aims to support trainees and their supervisors to be aware of their responsibilities and options when experiencing racism.

Racism can occur within the following interactions³, all of which should be responded to in line with this document.

- Staff member towards another staff member
- Staff member towards a service user
- Service user towards a staff member
- Service user towards another service user
- Carer towards a staff member
- Staff member towards a carer

This guidance document covers the following:

- Definitions of racism and microaggressions, examples of those that have been reported and experienced in clinical practice
- Trust policies and actions to take if you experience or witness racism, including microaggressions, whilst on a clinical placement
- The types of support available if you experience or witness racism, including microaggressions, whilst on a clinical placement
- The types of things you can do to challenge/navigate racism, including microaggressions, whilst on a clinical placement

³ 1 Racism can also occur between an institution/organisation and staff and service users, operating through policies and procedures. Guidance on how to respond to systemic racism is addressed in x

- Advice/guidance for supervisors on how to support trainees who experience racism, including microaggressions, whilst on a clinical placement

Self-care when reading this document

This document includes examples of microaggressions, which may be difficult to read. We encourage all readers of this document to look after themselves. If reading this document raises any issues that you would like to discuss, please contact the EDI Leads to access a drop in EDI_DClinPsy@tees.ac.uk or speak with your PPD Tutor.

Definitions and Examples

Racism: a belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race (Merriam Webster)

Racist: One who is supporting a racist policy through their actions or inaction or expressing a racist idea (Ibram X Kendi)

Microaggression: a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group, such as a racial or ethnic minority (Merriam Webster)

More often (although by no means always) racism within the context of the NHS is not overt, but is subtle, and insidious, occurring in the form of microaggressions.

Nova Reid (Anti-Racist Activist) on the impact of Microaggressions:

“Consider them [microaggressions] like snowflakes. At first fall they seem quite harmless, perhaps a nuisance. But overnight the ice that starts to build up underneath and that pristine surface suddenly seems dangerous, volatile ground where we slip and fall every time we go outside. Perhaps at first spraining a wrist and then breaking a bone, and over months and years, what once was seemingly harmless snowflakes collectively cause a devastating avalanche.”

Below are some examples of microaggressions trainees and clinicians have reported in clinical practice.

Examples of Microaggressions in Clinical Practice

- “The weather was lovely on holiday, I’m almost the same colour as you”
- “Where are you from? No, where are you really from?”
- “It’s because of your culture you don’t think like us”
- “I can’t believe racism still exists within this day and age”
- “Can I shorten your name to XXX, yours is too complicated”
- “What does your name mean? It sounds exotic!”
- “I don’t mean to sound racist, but…”
- “...no offence”
- “Can I touch your hair?”
- “Your lot”
- “I’m sure x didn’t mean it like that, x is lovely”
- “I’m sure x didn’t mean it like that, x is a great clinician”
- “It wasn’t X’s intention”

- Repeatedly mispronouncing someone's name
- Discussing incidents of racism in huddle/MDT and not offering staff (victims) support
- Jokes about service users' culture in MDT/huddle
- Not adhering to trust policies around racism in the workplace
- Witnessing racism and not acting upon what you have seen (being complicit)
- Saying there is "nothing I can do" when racism is reported
- Saying "that is just what the team are like" when racism is reported
- White silence/White denial


Actions to be taken if you experience or witness racism, including microaggressions from

service users or carers

Please follow the policies below if you experience or witness racism or microaggressions within interactions

- Service user towards a staff member
- Service user towards another service user
- Carer towards a staff member

Table 1. Trust Policies to follow if you experience or witness racism or microaggressions from service users or carers whilst on placement.

| | |
|---|--------------------------------------|
| Please click on the image to access the trust policy | |
|  TEWV Verbal-aggression-pr | <i>TEWV Verbal Aggression Policy</i> |
| Please ask your placement supervisor for access – link will not work out of Trust. | <i>CNTW Policy</i> |
| Please ask your placement supervisor for access – link will not work out of Trust. | <i>NUTH Policy</i> |
| Please ask your placement supervisor for access – link will not work out of Trust. | <i>Gateshead Policy</i> |


Actions to be taken if you experience or witness racism, including microaggressions from

staff members

Please follow the policies below if you experience or witness racism or microaggressions within interactions

- Staff member towards another staff member

Table 1. Trust Policies to follow if you experience or witness racism or microaggressions between staff on placement.

| | |
|--|---|
| Please click on the image to access the trust policy | Policy |
|  | TEWV Bullying and Harassment Reporting and Resolution Procedure |
| Please ask your placement supervisor for access – link will not work out of Trust. | CNTW Dignity at work Policy |
| Please ask your placement supervisor for access – link will not work out of Trust. | NUTH Policy |
| Please ask your placement supervisor for access – link will not work out of Trust. | Gateshead Policy |

Support available for trainees if you experience or witness racism, including micro-aggressions, on clinical placement

It is important to acknowledge that we all feel supported in different ways. When it comes to something as difficult as experiencing or witnessing racism, including microaggressions, there is no ‘right’ way to seek support. The below are a list of options that are available to you, should you choose.

- At the start of your placement, there is a prompt in the initial placement contract for trainee and supervisor to agree what will happen if you experience or witness racism whilst on placement.
- In the first instance, you may wish to discuss any experiences of racism, including microaggressions, with your placement supervisor. However, we appreciate this can be incredibly difficult to do. If you feel it would be helpful, you can request a three-way meeting with your clinical supervisor and one of the EDI leads. The aim of the EDI lead being present will be to provide support for you and ensure that appropriate actions are taken.
- You can arrange a drop-in session with one of the EDI leads who will provide support and can talk through your options with you.
- If you feel more comfortable, you may want to talk through your concerns with one of the course staff – this could be your Clinical Tutor, PPD Tutor, or another staff member you feel safe to raise this with.
- Sarah Dallal (TEWV Equality, Diversity, and Human Rights Lead) has also offered to provide support should you experience racism, including microaggressions, whilst on placement in TEWV. Her contact details are sarah.dallal@nhs.net.
- You also have the option to speak to Lynne Howey (Trainee Line Manager) about what has happened.
- If it would be helpful, we can support you to refer through the Trust to employee support services.
- You may find it helpful to talk to other trainees about your experiences.
- If applicable to you, you may wish to access the peer support network for trainees from ethnically minoritized communities – please get in contact with the EDI leads if you would like to be connected to this network.

The types of things you can do to challenge/navigate racism, including microaggressions, whilst on a clinical placement

Responding to racism, including microaggressions, can be an incredibly difficult thing to do. This document is not intended to be prescriptive, as dealing with racism, including microaggressions, is complex and nuanced, with how able you feel to challenge dependent upon numerous factors including (but not limited to): the direct/indirect nature of the experience; the power you have in the situation; your lived experiences; the context of the experience; how safe you feel. As a trainee clinical psychologist, it can be incredibly difficult to challenge those in positions of power or authority within the placement context. There is a spectrum for how you can respond or draw attention to incidences of racism, with what you feel comfortable to do different for everyone. As with every human interaction, we all have different ways of relating to others - it is not that one way is 'right' or 'wrong'; you will find your own style.

If you are reading this as an individual from a white majority ethnic background, it is important to note that individuals from ethnically minoritized backgrounds do not need 'white saviours'. White saviourism is a term used to describe white people who consider themselves 'wonderful helpers' to people from ethnically minoritized backgrounds but "help" for the wrong reasons (e.g., self-gratification). True allyship refers to genuine, authentic, efforts by members of a privileged 'in-group' (in this case, those from a white majority ethnic background) to advance the interests of marginalized groups (in this case, those from ethnically minoritized backgrounds), both in society at large, and within contexts, such as universities or workplaces. In contrast, performative allyship "comes from a desire to soothe guilt, shame or discomfort from witnessing racism, is ego-satisfying, reactive, in feeling the need to provide you aren't racist" (Nova Reid). As Nova states in her book (The Good Ally): "in case you missed the memo, we (individuals from ethnically minoritized backgrounds) have been rescuing ourselves and revolting against the oppressor throughout history". It is therefore important when challenging racism, including microaggressions, as a person from a white majority ethnic background, that you reflect on your intentions for doing so.

If you are in a position where you feel psychologically safe enough to challenge an incident of racism, including microaggressions, below are some suggestions that may be helpful.

In the moment: self-care

- If the racism, including microaggressions, is directly targeted at you – **look after yourself first and foremost** – do what you need in the situation, whether that is stay, leave, choose not to respond, challenge, seek support, or any other response you may have (all responses are valid, there is no right or wrong way to feel)
- Pause before responding – allow yourself time to think about what you would like to say, particularly if you are having an anxiety-based fight or flight response

In the moment: challenging microaggressions

- Asking someone to repeat themselves – this may give someone the time to think more carefully about what they are saying and give them with an opportunity to 'self-check'

- Asking questions/being curious – to get to understand what it is they mean by what they have said - “can I ask your intention with that question?” or “can I check what did you mean by that?”
- Acting confused – “I am not sure how you got from X to X, can you talk me through what you are thinking?” or “I am just not sure I understand what you are saying” ... asking people to explain themselves may also give them time to reflect on what they are saying
- Provide an alternative perspective when confronted with a statement or generalisation about a cultural or ethnic group, for example “In my experience, X (cultural or ethnic group) incorporates much diversity, such as...”
- Provide information about a statistic, text, or research that you have read that directly challenges a statement made e.g., in response to “Racism doesn’t exist in the NHS” - “A recent survey I read indicated a third of BAME staff working in the NHS have experienced racist abuse at work, I am happy to share the article with you if you’d like?” or “It is surprising that you would say that, when we know about statistics such as Black people being 4x more likely than White people to be detained under the Mental Health Act” - (sometimes it can feel safer to defer to an established study, statistic, or to an anti-racism expert)
- A polite reminder about appropriate language – for example, advising “that language is not appropriate, it is more appropriate to use X instead” - if possible, explain why
- If something is directed at you, you could provide I or me statements, for example “the comment you have made is making me feel uncomfortable”, or “I don’t feel comfortable to discuss this”
- Interrupting someone, for example if a statement starts with “I don’t mean to sound racist, but...” - you may want to stop someone and state “I am just going to stop you there, that is normally followed by something racist” or “In my experience, that is normally followed by something that is racist”
- Indirectly challenging the incident, for example “can we all just make sure we are using appropriate language during this discussion?”, or “can we all be aware of any unhelpful generalisations we are making about different groups of people?”
- There may be times where you feel safe enough/a situation warrants a more direct challenge e.g., “That is unacceptable and racist”

In the moment: responding to racism within the therapeutic relationship

Responding to racism in the therapeutic relationship can feel challenging, particularly when you are a trainee. You may feel pulled to preserve the therapeutic relationship and avoid a rupture, by not directly challenging the racist statement. This experience is magnified if you are being directly targeted by the racism.

- We encourage you to follow the self-care advice in the first instance. Look after yourself and do what you need to do to feel safe in the moment.
- Your response in that moment is likely to be influenced by your therapeutic relationship. If you feel comfortable, share your experience with the service user “when you said x, it left me feeling x, how does this fit with your formulation?”, followed by a challenge “it’s not appropriate to make comments

such as x” or “what did you mean when you said x? It sounds like a generalisation about a group” or “can you find another way to rephrase what you said, without using discriminatory language?”

- You do not have to continue working with the service user. This is entirely your choice, and your supervisor should support you to make the decision that works best for you. You are welcome to contact the EDI leads if you would like to explore your decision in a reflective drop-in space.

After the fact

- You may want to reflect with your supervisor in supervision about the impact of the incident, how you responded, how you may have responded differently.
- Your supervisor may be able to role play with you how you could respond if this happens again on your placement. This should, however, be done safely and in collaboration – it would not be helpful, for example, to replay a racialised power dynamic and/or provoke a visceral re-experiencing of the initial event.
- You may want to discuss with your supervisor processes for escalation within the service – which could include speaking to the team manager. It may be that others were impacted by the incident too – is there a need for a debrief for the team? Is there a training need for the team? It is not your responsibility to take these things forward unless you feel safe and want to do so, with support from your supervisor.
- You may want to discuss the incident with a trusted colleague – did they notice it too? How did they feel about it? It may be the two of you could speak to your team manager together.
- You may wish to discuss further with the EDI leads in a reflective drop-in space – we would encourage you to get in contact and we can talk through what has happened and think about how to challenge what you have experienced/witnessed.
- You may wish to escalate the incident, document it in writing, and/or make a formal complaint. You can reach out for support from any of the sources listed in Section 5 if you would like to do so.

Advice/guidance for supervisors on how to support trainees who experience racism, including microaggressions, whilst on a clinical placement

The following is adapted from Nova Reid’s book ‘The Good Ally’. The following is not a prescriptive list, nor a step-by-step exercise, instead reflects important things to think about when you are supporting trainees who have been impacted by racism, including microaggressions, whilst on placement with you. We would strongly encourage you to read Nova’s book in full for further exercises and guidance as to how to tackle racism in the workplace.

- Believe your trainee – the most important thing is to ensure the trainee feels heard, validated, and believed.
- Resist the urge to ask for more context – this contributes to the trainee feeling they must provide a justification for their experience of racism/explain themselves.

- Resist the urge to change the subject if it feels uncomfortable – just being present and not dismissing/avoiding/denying concerns can be incredibly validating.
- Resist the urge to minimise the racism that has been experienced by commenting on the perpetrator’s ‘niceness’ (or another personal characteristic) or justifying the context through reference to a mental health, organic, or neurodevelopmental condition.
- Review relevant policy with the trainee (see above).
- Take action to address it – What does the trainee need in the moment? What do they need in the longer term? Collaborate with trainee (please do not act ‘in their best interests’ without discussing first with trainee directly impacted).
- You are welcome to approach the EDI leads for support/reflective drop in spaces/supervision if you are concerned about a trainee’s experiences of/exposure to racism, including microaggressions, on placement.

Responsibilities of the course in responding to racism in clinical practice

The Teesside Doctorate in Clinical Psychology, first and foremost, has a duty of care towards trainees. It is not acceptable for trainees to experience racism, including microaggressions, on clinical placement. Should racism occur, and is reported to a member of the course team, the course has the following responsibilities:

- To remember that microaggressions are insidious by nature. The cumulative harm microaggressions cause, can contribute to the placement feeling psychologically unsafe. It can often be challenging to describe microaggressions and their impact using concrete examples.
- To liaise directly with the trainee to ensure the plan for responding to the racism, including microaggressions, experienced is collaborative.
- To ensure appropriate action is taken. ‘Appropriate action’ will look different dependent upon the trainee’s preferences, and their experience. It will always be the intention of the course staff to act in accordance with the trainee’s wishes – for example, if the trainee wishes to receive support from the course but does not wish to have a conversation with their placement supervisor about what they have experienced. There are, however, instances in which the course staff may feel sufficiently concerned about a trainee’s well-being on placement, by the culture of the placement, or by the conduct of a supervisor, that action may need to be taken to safeguard the trainee, future trainees who may come onto the placement, other staff members in the service, and/or service users and carers.
- Table 2 contains examples (non-exhaustive) of the types of experiences trainees have, and appropriate responses to be considered by the course team.

Table 3. Examples of experiences of racism in clinical practice, and responses to be considered by the course

| Threshold | Examples (Not an exhaustive list) | Responses to be considered (Following discussion with trainee) |
|-----------|--|--|
| Amber | <ul style="list-style-type: none"> • Trainee experiences or witnesses racism on placement, this is reported to placement supervisor, and is responded to in a way that the trainee does not feel satisfied with/clinical supervisor is dismissive of racism experienced by trainee on placement • Trainee experiences or witnesses racism on placement, this is discussed in supervision at the time and trainee is satisfied with supervisor's response, but racism persists in the wider placement context • Trainee experiences or witnesses racism on placement, and does not feel safe to discuss their experiences with their clinical supervisor | <ul style="list-style-type: none"> • No further action, in accordance with trainee's wishes • Trainee and course representative to monitor trainee's experiences • Course representative to regularly check in with trainee to check how things are going • Three-way meeting between course representative, supervisor, and trainee • Meeting with course representative and supervisor • Three-way meeting between EDI lead, supervisor, and trainee • Meeting with EDI lead and supervisor • Meeting with EDI lead and trainee • Training need is identified for staff team at placement • Training need is identified for supervisor – for example, supervisor could attend race, culture, and supervision workshop facilitated by the EDI leads • Timeframe to be given for actions to be implemented and evaluated • Trainee is offered an alternative placement |
| Red | <ul style="list-style-type: none"> • Responses attempted in the 'amber section' have been ineffective • Trainee experiences consistent racism on clinical placement that, after being reported, is dismissed, ignored, or insufficiently responded to by the clinical supervisor and/or the service • Trainee experiences racism from the clinical supervisor whilst on placement, supervisor is unwilling to acknowledge this and work on understanding the harm caused • Trainee experiences racism on placement and the level of harm (as defined by the trainee) is significant, resulting in a high level of concern | <ul style="list-style-type: none"> • Trainee may be withdrawn from the placement at short notice • Trainee may wish to consider making a formal complaint against the supervisor or service, with the support of the course • Course may consider making a formal complaint against the supervisor or service • Course will not use the placement again for future trainees due to significant level of concerns – the course and trainee will collaborate in terms of how this is fed back to the placement supervisor, and how much information will be given. The main priority in making this decision will be the trainee's safety. • Course may raise queries regarding supervisor's fitness to practice |

COURSE LEARNING OUTCOMES

| Learning Outcomes | |
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| The Course will enable students to develop the knowledge and skills listed below. Intended learning outcomes are identified for each category, together with the key teaching and assessment methods that will be used to achieve and assess the learning outcomes. | |
| Knowledge and Understanding | |
| K1 | Demonstrate a detailed and critical understanding of applicable techniques for research and advanced academic enquiry or professional practice in Clinical Psychology, taking a lifespan approach and incorporating special and complex needs. |
| K2 | Demonstrate systematic acquisition, understanding and critical analysis of a substantial body of knowledge in Clinical Psychology, taking into account multiple theoretical models, including cognitive behavioural therapy. |
| K3 | Create and interpret new knowledge in Clinical Psychology through original research or other advanced scholarship of a quality to satisfy peer review, extend the frontier of the discipline, or area of professional practice, and merit publication. |
| K4 | As appropriate to the field, can understand, analyse and manage the implications of ethical dilemmas in Clinical Psychology and work proactively with others to formulate solutions to complex situations. |
| K5 | Demonstrate the knowledge and values necessary to work effectively with service users, families and carers, systems, communities and organisations and teams within complex situations. |
| K6 | Demonstrate a detailed knowledge and critical understanding of the national and legislative context of service management, delivery and practice, including change processes in service delivery and the impact of consultancy on practice. |
| K7 | Demonstrate a detailed and critical understanding of strategic and operational leadership models across all professional groups in a health and social care, with a focus on multidisciplinary, situational and task leadership in the context of service delivery. |
| Cognitive/Intellectual Skills | |
| C1 | Able to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of Clinical Psychology theory and practice, and to adjust the project design in the light of unforeseen problems. |
| C2 | Able to make informed judgements on complex issues in specialist fields of Clinical Psychology, often in the absence of complete data. |
| C3 | Continue to undertake pure and/or applied research and development in Clinical Psychology at an advanced level, including service evaluation, audit, small-scale research, contributing significantly to the development of new techniques, ideas and approaches, working collaboratively as appropriate. |
| C4 | Challenge Clinical Psychology orthodoxy and formulate new/alternative hypotheses or solutions at an advanced level. |

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| C5 | Formulate and critically evaluate the links between theory and practice in Clinical Psychology in relation to work with service users with special and complex needs and demonstrate the ability to formulate clinical and practical issues using clinical psychological knowledge and research. |
| Practical/Professional Skills | |
| P1 | Operate ethically in complex and unpredictable/specialised situations in Clinical Psychology at the frontier of knowledge and professional practice and has a critical understanding of the issues governing good practice in Clinical Psychology. |
| P2 | Select and conduct an appropriate range of psychological assessments and develop, monitor and review intervention plans, critically evaluating the effectiveness of interventions in complex situations and reformulating as appropriate, thereby shaping practice and recognising when further intervention is appropriate. |
| P3 | Use formulations and reformulations to plan, deliver and evaluate interventions using a range of theoretical models and therapeutic skills, taking account of issues relating to difference, diversity and social context, working with service users (individuals, couples, families, communities, groups) and service organisations. |
| P4 | Develop and maintain effective working alliances with service users (individuals, couples, families, communities, groups), carers and staff teams in complex systems and facilitate and lead in service planning and delivery. |
| P5 | Develop and maintain resilience in the face of personally challenging situations and also the capacity to recognise when own fitness to practise is compromised, and take steps to manage this risk as appropriate. |
| P6 | Use supervision effectively to reflect and change own professional practice as appropriate, develop strategies to manage impact of practice seeking support as necessary and keeping within appropriate boundaries. |
| P7 | Monitor and maintain health, safety and security of self and others identifying how best to manage risk and support others taking account of the organisational and social context. |
| P8 | Act autonomously and with initiative in complex and unpredictable situations in Clinical Psychology, demonstrating an understanding of organisational issues and adapting practice accordingly. |
| P9 | Agree, prepare, deliver and critically evaluate teaching and training appropriate to the audience of learners. |
| P10 | Provide expert psychological opinion and advice, including the preparation and presentation of evidence in formal settings. |
| P11 | Test and critically review new concepts, models, methods, practices, products and equipment. |
| Key Transferable Skills | |

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| T1 | Demonstrate the independent learning ability required for Continuing Professional Development at a level of advanced academic enquiry or professional practice. |
| T2 | Communicate complex academic or professional issues and their own ideas and conclusions clearly and effectively to specialist and non-specialist audiences. |
| T3 | Be competent in the numeracy skills commensurate with the demands of research and scholarship in a range of contexts. |
| T4 | Be competent in the IT skills commensurate with the demands of research and scholarship and electronic patient record systems. |
| T5 | Collaborate effectively with others in ways appropriate to the professional/academic context. |
| T6 | Demonstrate critical self-awareness and reflective practice. |
| T7 | Maintain the quality of own work in practice in a multi-disciplinary context. |

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| Level 7 University Generic Marking Criteria |
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| Band | Generic Criteria |
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| 90-100% | An excellent critical and complete demonstration of understanding in all key areas of knowledge relevant to the work and demonstrating an innovative and creative approach. Evidence throughout the work of a sustained ability to synthesise and interpret complex concepts, to make inferences and to provide an original and/or compelling argument and discussion. Excellent structure and immaculate presentation, with cogent use of academic language and grounded in a pertinent and substantial selection of source materials. Excellent use of appropriate analytical and research methods and addresses ethical considerations in an informed and perceptive manner. Exceptional ability to link and critically analyse theory and practice where appropriate. |
| 80-89% | An excellent, critical and systematic demonstration of understanding in all key areas of knowledge relevant to the work. Evidence throughout of the ability to synthesise and interpret complex concepts to provide a compelling argument and discussion. Very good structure and presentation, with confident use of academic language and grounded in a relevant and extensive selection of source materials. Excellent use of appropriate analytical and research methods and fully addresses ethical considerations. Excellent ability to link and critically analyse theory and practice where appropriate. |
| 70-79% | An excellent, critical and organised demonstration of understanding in all key areas of knowledge relevant to the work. Evidence throughout of the ability to synthesise and interpret diverse concepts to provide a sound argument and discussion. Good structure and presentation, with fluent use of academic language and grounded in an appropriate and comprehensive selection of source materials. Very effective use of appropriate analytical and research methods and consideration of ethical implications. Very good ability to link and critically analyse theory and practice where appropriate. |
| 60-69% | A proficient, clearly stated and analytical demonstration of understanding in all key areas of knowledge relevant to the work. Evidence of the ability to integrate and analyse diverse concepts in a rational and logical argument and discussion. Well-structured and clearly presented work, with fluent use of academic language and utilising a relevant and extensive range of source materials. Effective use of appropriate analytical and research methods and consideration of ethical issues. Good ability to link and critically analyse theory and practice where appropriate. |

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| 50-59% | An acceptable and substantiated demonstration of understanding in all key areas of knowledge relevant to the work. Evidence of the ability to integrate and analyse diverse concepts in a reasoned and valid argument and discussion. Adequately structured and presented work, with clear use of academic language and reference to a sufficient range of relevant source materials. Adequate use of appropriate analytical and research methods and does address ethical considerations. Effective linking of theory and practice where appropriate. |
| 40-49% | A limited, insufficient and/or inaccurate understanding in key areas of knowledge relevant to the work. Insufficient evidence of ability to integrate and analyse concepts to provide a valid discussion. Unacceptably structured and presented work, with insufficient use of academic language and conventions. A limited range of source materials is used. Limited or ineffective use of analytical and research methods and limited coverage of ethical considerations. Inadequate linking of theory and practice where applicable. |
| 30-39% | A descriptive and/or narrative account, with little critical and/or flawed understanding of key areas of knowledge relevant to the work. Insufficient evidence of ability to discuss fundamental concepts. Unclear and and/or unevidenced argument and discussion. Poorly structured and presented work, with little use of academic language and conventions. A narrow and/or inappropriate range of source materials and analytical and research methods is used. Failure to identify ethical considerations and to link theory and practice where applicable. |
| 20-29% | A weakly descriptive and/or narrative account, with no analytical content and/or significant inaccuracies in understanding of key areas of knowledge relevant to the work. Little or no evidence of research and the ability to discuss fundamental concepts. No awareness of ethical issues. Unclear and unsourced arguments and discussion. Flawed structure and presentation, with negligible attention to academic language or conventions. Some or all source materials are unreferenced and/or irrelevant. Failure to link theory and practice where applicable. To obtain a mark of 20% the work must show evidence of a genuine attempt to demonstrate some knowledge of the subject. |
| 0-19% | The work is almost entirely derivative and therefore lacks analysis or reflection, and shows little or no knowledge or understanding of key areas relevant to the work. No evidence of research and the ability to discuss fundamental concepts. The presentation and referencing does not conform to the standards required. |

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| University Level 8 Generic Marking Criteria for Professional Doctorates |
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| Band | Generic Criteria |
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| 90-100% | <p>An excellent critical and complete demonstration of understanding in all key areas of knowledge relevant to the work and which is at the forefront of an academic discipline or area of professional practice. Evidence throughout the work of a sustained ability to synthesise and interpret complex concepts, to make inferences and to provide an original and/or compelling argument and discussion. Excellent structure and immaculate presentation, with cogent use of academic language and grounded in a pertinent and substantial selection of source materials. Excellent use of appropriate analytical and research methods and fully addresses ethical considerations in an informed and perceptive manner. Exceptional ability to link and critically analyse theory and practice where appropriate.</p> <p><i>For advanced independent work specifically:</i> Extensive evidence of the creation and interpretation of significant new knowledge through advanced scholarship or original research at the forefront of the discipline or profession.</p> |
| 80-89% | <p>An excellent, critical and systematic demonstration of understanding in all key areas of knowledge relevant to the work and which is at the forefront of an academic discipline or area of professional practice. Evidence throughout of the ability to synthesise and interpret complex concepts to provide a compelling argument and discussion. Very good structure and presentation, with confident use of academic language and grounded in a relevant and extensive selection of source materials. Excellent use of appropriate analytical and research methods and fully addresses ethical considerations. Excellent ability to link and critically analyse theory and practice where appropriate.</p> <p><i>For advanced independent work specifically:</i> Considerable evidence of the creation and interpretation of important new knowledge through advanced scholarship or original research at the forefront of the discipline or profession.</p> |
| 70-79% | <p>An excellent, critical and organised demonstration of understanding in all key areas of knowledge relevant to the work and which is at the forefront of an academic discipline or area of professional practice. Evidence throughout of the ability to synthesise and interpret diverse concepts to provide a sound argument and discussion. Good structure and presentation, with fluent use of academic language and grounded in an appropriate and comprehensive selection of source materials. Very effective use of appropriate analytical and research methods and consideration of ethical implications. Very good ability to link and critically analyse theory and practice where appropriate.</p> <p><i>For advanced independent work specifically:</i> Strong evidence of the creation and interpretation of new knowledge through original research or other advanced scholarship at the forefront of the discipline or profession.</p> |

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| 60-69% | <p>A proficient, clearly stated and analytical demonstration of understanding in all key areas of knowledge relevant to the work and which is at the forefront of an academic discipline or area of professional practice. Evidence of the ability to integrate and analyse diverse concepts in a rational and logical argument and discussion. Well-structured and clearly presented work, with fluent use of academic language and utilising a relevant and extensive range of source materials. Effective use of appropriate analytical and research methods and consideration of ethical issues. Good ability to link and critically analyse theory and practice where appropriate.</p> <p><i>For advanced independent work specifically:</i> Sound evidence of the creation and interpretation of new knowledge through advanced scholarship or original research at the forefront of the discipline or profession.</p> |
| 50-59% | <p>An acceptable and substantiated demonstration of understanding in all key areas of knowledge relevant to the work and which is at the forefront of an academic discipline or area of professional practice. Evidence of the ability to integrate and analyse diverse concepts in a reasoned and valid argument and discussion. Adequately structured and presented work, with clear use of academic language and reference to a sufficient range of relevant source materials. Adequate use of appropriate analytical and research methods and does address ethical considerations. Effective linking of theory and practice where appropriate.</p> <p><i>For advanced independent work specifically:</i> Limited but sufficient evidence of the creation and interpretation of new knowledge through advanced scholarship or original research at the forefront of the discipline or profession.</p> |
| 40-49% | <p>A limited, insufficient and/or inaccurate understanding in key areas of knowledge relevant to the work and which is not at the forefront of an academic discipline or area of professional practice. Insufficient evidence of ability to integrate and analyse concepts to provide a valid discussion. Unacceptably structured and presented work, with insufficient use of academic language and conventions. A limited range of source materials is used. Limited or ineffective use of analytical and research methods and limited coverage of ethical considerations. Inadequate linking of theory and practice where applicable.</p> <p><i>For advanced independent work specifically:</i> Insufficient evidence of the creation and interpretation of new knowledge through advanced scholarship or original research at the forefront of the discipline or profession.</p> |

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| 30-39% | <p>A descriptive and/or narrative account, with little critical and/or flawed understanding of key areas of knowledge relevant to the work and which is not at the forefront of an academic discipline or area of professional practice. Insufficient evidence of ability to discuss fundamental concepts. Unclear and and/or un-evidenced argument and discussion. Poorly structured and presented work, with little use of academic language and conventions. A narrow and/or inappropriate range of source materials and analytical and research methods is used. Failure to identify ethical considerations and to link theory and practice where applicable.</p> <p><i>For advanced independent work specifically:</i> Little evidence of the creation and interpretation of new knowledge through advanced scholarship or original research at the forefront of the discipline or profession.</p> |
| 20-29% | <p>A weakly descriptive and/or narrative account, with no evidence of analytical content and/or significant inaccuracies in understanding of key areas of knowledge relevant to the work and which is not at the forefront of an academic discipline or area of professional practice. Little or no evidence of research and the ability to discuss fundamental concepts. No awareness of ethical issues. Unclear and unsourced arguments and discussion. Flawed structure and presentation, with negligible attention to academic language or conventions. Some or all source materials are unreferenced and/or irrelevant. Failure to link theory and practice where applicable. To obtain 20% the work must show evidence of a genuine attempt to demonstrate some knowledge of the subject.</p> <p><i>For advanced independent work specifically:</i> No evidence of the creation and interpretation of new knowledge through advanced scholarship or original research at the forefront of the discipline or profession.</p> |
| 0-19% | <p>The work is almost entirely derivative and therefore lacks analysis or reflection, and shows little or no knowledge or understanding of key areas relevant to the work. No evidence of research and the ability to discuss fundamental concepts. The presentation and referencing does not conform to the standards required.</p> |