

The Psychological Society of Ireland

Standards for the Assessment
of Postgraduate Professional
Courses in Clinical
Psychology 2021

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Foreword

Described in this document are the standards for ensuring quality training of clinical psychologists so that service users and psychologists in clinical training are protected. The current document constitutes a major revision of accreditation standards coordinated by the Division of Clinical Psychology (DCP) and is informed by contributions from a broad range of stakeholders. To maintain quality training over time, in the context of an evolving health service, the DCP is committed to regular review and timely updating of these standards as required and subject to approval by Council.

Definition of Clinical Psychology

Clinical psychology is a healthcare profession and a scientific discipline. In practice, clinical psychologists use their clinical judgement and reflective capacity to apply knowledge from the scientific discipline of clinical psychology to assess, treat and prevent psychological problems, and to enhance well-being, in children, adolescents and adults. They provide services to people with mental health difficulties, disabilities, and distress secondary to physical illnesses and other major life transitions. Clinical psychologists have a number of roles. These include direct work with service users (assessment, formulation and intervention), indirect work (advocacy, training, consultation and supervision of staff), administration, management and service-based research. They work in settings such as primary care, community mental health, hospitals, disability services, services for older adults, prisons, fostering and adoption services, hospices, and in services for people with specific difficulties such as addiction and head injury. Some clinical psychologists work in academic settings in research and training.

Terminology

Throughout these standards, the word *trainee* refers to a *Psychologist in Clinical Training*.

General Principles

The following general principles should govern any course established in this country to provide postgraduate training of clinical psychologists. The focus of such governance is to foster the development of professional competence while supporting students throughout the training process.

- 1.1. The primary aim of each course should be to provide postgraduate training which will ensure that the clinical psychologist can provide psychology services to those seeking them in a competent and professional manner and enable the clinical psychologist to become professionally qualified to work in the Irish public health service and related services.
- 1.2. Each course should provide professional training in the many areas of work that are required to enable the graduate to work at the entry grade for professional clinical psychology. Each course should be based on the reflective scientist-practitioner model, that is, it should train clinical psychologists as practitioners who have the capacity and ability to reflect in action, on action and on the relationships between work and self, with a firm scientific basis and orientation.
- 1.3. Courses should ensure that trainees are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice, on the impact of self on the work and work on self, as well as their professional development. Courses should further ensure that trainees are aware of the importance of diversity, the social and cultural context of their work, the importance of service-user perspective, the role of clinical psychologist as an advocate, working within an ethical framework, and the need for continuing professional and personal development. Courses should provide structures including a Personal-Professional Development (PPD) framework and input to facilitate self-reflection across a range of contexts. Trainees should actively participate in this aspect of training. To facilitate this, course staff should maintain an awareness of and responsivity to the unique needs of each trainee to manage personal boundaries in a way that balances the need for personal wellbeing and personal development.
- 1.4. Courses should have in place a strategy for service user and carer participation. There should be evidence of participation in realising this across time, for example, involvement in selection process, ethics committee, delivery of training, etc.
- 1.5. Courses should define their particular objectives, learning outcomes and ethos, which are communicated to applicants. The course objectives should specify the roles a trainee will be able to fulfil on successfully completing the course.
- 1.6. Courses should have inbuilt flexibility to enable them to respond to the changing needs of the Health Service and its associated partners and to adapt to new developments in clinical psychology and related health disciplines.
- 1.7. Whilst trainees will typically contribute to service delivery, ensuring a quality service for those with whom they work, their training needs should be given priority in formulating the quantum and range of such contributions.
- 1.8. Courses should lead to the award of a Doctoral level qualification.
- 1.9. Courses should be of at least three full calendar years' duration.

2. Professional Principles and Values

2.1. Standards of Professional Conduct

- 2.1.1. The PSI Code of Professional Ethics must be central to the ethos of the course, with training in and evaluation of ethics and ethical practice alongside personal-professional development evident across academic, placement and research components.
- 2.1.2. All stakeholders in the course should be made aware of psychologists' professional responsibilities under the Code.
- 2.1.3. Each course will develop systems to respond to concerns about ethical standards and deficiencies in personal-professional development competencies displayed by trainees. Courses will have remedial strategies in place to work with individuals who display problematic ethical behaviour. In cases of failure to adhere to appropriate ethical standards in professional work over time, the individual will not be allowed to continue on the course.
- 2.1.4. The necessary formal procedures must be in place to ensure that individuals on the course who display unacceptable ethical practice in their professional work are not allowed to continue on the course.
- 2.1.5. Formal appeals procedures should be available to all students.

2.2. Diversity and Cultural Competence

- 2.2.1. Courses should assist trainees to value human diversity and understand the impact of social exclusion, discrimination and inequality on health and psychological well-being throughout their training. Courses should facilitate trainees' awareness of human rights and promote the fundamental rights, dignity and worth of all people, reflecting the ethos and principles of the PSI Code of Ethics.
- 2.2.2. Courses should provide sufficient learning experiences across all course components for trainees to develop awareness, reflectiveness, knowledge and skills to adopt inclusive practice in their role as a clinical psychologist.
- 2.2.3. In particular, courses should facilitate trainees to develop insight into personal attitudes and beliefs and how these can impact on the provision of an equal and inclusive service to a diverse range of people in terms of gender, age, sexual orientation, marital status, family status, socio-economic status, religion, disability, race, ethnicity or membership of the Traveller Community.
- 2.2.4. Courses should assist trainees in recognising how organisational, political and social policies, procedures, and practices can serve in excluding people from diverse backgrounds in accessing appropriate services.
- 2.2.5. Courses should assist trainees to develop a thorough understanding of equality legislation in Ireland as it relates to all aspects of their professional work.

3. Course Structure, Placement Objectives and Core Competencies

3.1. Structure of the Course

- 3.1.1. The clinical training course will run over a period of three years which equates to 690 course days. 390 of these should be placement days (with a minimum overall of 360 days

and no core placement should be fewer than 60 days) and 300 should be divided appropriately between academic and research days.

- 3.1.2. A placement is defined by the integration of three phases of work: (1) pre-placement academic preparation, (2) clinical experience of at least 60 days working under supervision and (3) demonstration of competency through evaluation by the placement supervisor with reference to the current Guidelines for Competency Development for Clinical Psychology in Ireland.
- 3.1.3. The number, duration and range of practice placements and their position within a course must reflect current practice and demands of the profession. This must include placements with each of the core care groups of Child/Adolescent, Adult/Older Adult, and Life-Span Disability (See *Clinical Psychology Experience Requirements* for these core care groups in the *Guidelines for Competency Development for Clinical Psychology in Ireland*).
- 3.1.4. With each of the core care groups (Child/Adolescent, Adult/Older Adult, and Disability), support for placement must include at least 20 days of specific core placement-relevant teaching. This teaching is delineated in these accreditation standards under section 4.1.
- 3.1.5. Each trainee should spend a minimum of 60 days gaining in situ experience at an appropriate setting defined as the clinical placement site. These 60 days are normally completed at a single site. However, sometimes placements comprise multi-host sites coordinated to meet the totality of core placement competency requirements, and in such cases, the days must be consecutive.
- 3.1.6. Total practicum experience should provide for sufficient time in addition to this minimum in order to ensure fluency in clinical practice with care groups. Common to all course structures is the recognition that experiences deemed essential to competency development with each of the three service user groups can be gained across the totality of the three years of training.

3.2. Objectives of Clinical Placements

Trainees on Clinical Placements should:

- 3.2.1. Become acquainted with different theoretical frameworks and their applications.
- 3.2.2. Develop a broad range of psychological expertise based on up-to-date academic knowledge, research and clinical practice.
- 3.2.3. Work in varied settings and with a range of client groups and presentations, including co-morbid mental health and disability presentations.
- 3.2.4. Develop an ethical approach to their work which includes a strong sense of service user awareness, professional responsibility, responsibility to the employer, and scientific integrity.
- 3.2.5. Develop an appreciation and understanding of the range of organisational contexts in which clinical psychologists work and the impact of such contexts on service delivery.
- 3.2.6. Develop respect for colleagues of other disciplines and an understanding of the challenges faced by health services in which they may be employed.

3.3. Competencies Including Meta-Competencies

Trainees on Clinical Placement must:

- 3.3.1. Develop the clinical psychology competencies and meta-competencies required for clinical practice with reference to the current Guidelines for Competency Development for Clinical Psychology in Ireland.

- 3.3.2. Develop good team skills and interpersonal problem-solving skills in an organizational context, including good communication skills, both oral and written.
- 3.3.3. Develop the skills, knowledge, values and reflective capacity to build and maintain effective working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment, develop a formulation and re-formulation based on psychological theories and knowledge, carry out psychological interventions, evaluate their work and communicate effectively with clients, referrers and others, orally, electronically and in writing.
- 3.3.4. Develop the skills, knowledge, values and reflective capacity to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives.
- 3.3.5. Develop the skills, knowledge, values and reflective capacity to work effectively with systems relevant to clients, including, for example, statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community.
- 3.3.6. Develop the skills, knowledge, values and reflective capacity to work in a range of indirect ways to improve psychological aspects of health and healthcare, including leadership in bringing psychological-mindedness to service provision.
- 3.3.7. Facilitate a high level of ongoing personal and professional development, including managing a personal learning agenda, self-care, critical reflection and self-awareness, which enables the transfer of knowledge and skills to new settings and problems and with adaptations as required by law to ensure equality of opportunity in the context of diversity and disability.

4. Course Content

4.1. Academic Content

- 4.1.1. Courses should have a comprehensive academic syllabus covering both psychological theory and its application through clinical practice across the life span covering child, adolescent, adult, older adults, people with a disability and specialist areas. As the knowledge base related to clinical psychology is ever evolving and expanding, learning methods should be varied to enable trainees to become critical consumers of new knowledge and theory and skilled in applying such to practice.
- 4.1.2. The course must also provide a learning curriculum which includes the following:
 - 4.1.2.1. The theory and practice of psychological assessment methods including interviewing, observational and psychometric techniques.
 - 4.1.2.2. Psychological therapies which include a range of evidence-based approaches and intervention models.
 - 4.1.2.3. Non-therapy competencies such as teaching and supervision, models of consultancy, and group and organisational processes.
 - 4.1.2.4. The following need to be covered within the academic timetable/contact time: personal and professional development competencies such as relationship with self and others, self-care, preparation for placement, use of supervision, advocacy, cultural competence/diversity issues, legal frameworks for clinical work, service user perspectives, working with systems, power, teamwork and leadership. These may be delivered through a variety of methods such as teaching, experiential learning, and/or problem-based learning.

- 4.1.3. The academic component should be designed specifically for postgraduate students and a range of educational methods should be employed in the teaching process that specifically enhance theory-practice linking and application.
- 4.1.4. Each course should engage in a regular cycle of curriculum review and enhancement. Procedures should be in place to evaluate teaching inputs and provide contributors with appropriate constructive feedback and guidance.
- 4.1.5. A substantial proportion of the learning curriculum should be provided by the course team supported by external contributors. Teaching by other psychologists and professionals is to be encouraged as is engagement with inter-professional learning. Courses should support external contributors and improve teaching quality by providing workshops on teaching methods and/or explicit pedagogical guidance to contributors.

4.2. Clinical Practice

- 4.2.1. A clinical placement is a period spent working under appropriate supervision (as per sections 4.3.1 through 4.3.4 below) in a clinical setting to facilitate the development of clinical psychology competencies and meta-competencies as outlined in the current Guidelines for Competency Development for Clinical Psychology in Ireland.
- 4.2.2. The course must demonstrate a professional duty of care in ensuring the safety of service users and trainees by promoting best standards in placement supervision.
- 4.2.3. Courses must include coordinated and developmental clinical experiences which enable trainees to continue to develop their psychological skills in a planned manner across placements.
- 4.2.4. Courses should identify a person or persons who can act as placement coordinator(s) with the responsibility for organising and monitoring clinical placements.
- 4.2.5. Clinical placements should allow trainees to have opportunities to apply different psychological models to a range of clinical problems across the life span in different settings.
- 4.2.6. Clinical placements can be categorised into Core and Advanced.
 - 4.2.6.1. All trainees must undertake full Core Placements with each of the three main care groups of Child/Adolescent, Adult and Older Adult, and Life-Span Disability.
 - 4.2.6.2. Competencies and the experiences that would facilitate their attainment with each core care group are described in the current Guidelines for Competency Development for Clinical Psychology in Ireland.
 - 4.2.6.3. Each trainee must undertake one Advanced Placement in order to develop a higher level of fluency and proficiency with potential service users of one of the three core care groups.
 - 4.2.6.4. Over the course of training, these placements should provide an appropriate range of clinical experiences to develop the clinical psychology competencies required to meet the specific needs of service users in each of the care groups to a standard consistent with Irish public health service recruitment standards for staff grade psychologist positions.

4.3. Clinical Supervision

- 4.3.1 For the majority of placements, supervision must be undertaken by designated clinical psychologists of Senior or Principal grade to ensure clinical psychology competencies are developed; sufficient socialisation into the specialism is achieved; and courses are

facilitated in accomplishing their over-arching training goal of preparing trainees for professional practice as clinical psychologists. This may involve direct supervision by a single Senior or Principal clinical psychologist or blended supervision coordinated by this designated Senior or Principal clinical psychologist in collaboration with another clinical, counselling or educational psychologist(s) of Staff Grade or higher with no less than two years' post-qualification experience. In blended arrangements, courses should ensure that the designated Senior or Principal clinical psychologist has sufficient direct supervision with the trainee to achieve the objectives named above.

- 4.3.2 The remainder of clinical placements may be carried out under the supervision of a blend of inputs from clinical, counselling and educational psychologists at staff grade, provided a psychologist of Senior or Principal grade in one of those specialisms has oversight of trainee competency development across the placement as a whole.
- 4.3.3. In addition to the specifications outlined above, supervision of Core Placements must be underpinned by completion of appropriate supervisor training, familiarity with course requirements, and appropriate competency focus in line with the Guidelines for Competency Development for Clinical Psychology in Ireland.
- 4.3.4. For Advanced Placements, trainees may be supervised by psychologists from a variety of psychologist specialisms employed at different grades, or by other non-psychologist regulated health professionals, once it can be established that the placement provides for a higher level of fluency and proficiency in specialist psychological assessments and therapies, and contingent on the parameters listed below.
- 4.3.4.1. Psychologist supervisors on Advanced Placements must be bound by a code of professional ethics and be either a chartered psychologist of the Psychological Society of Ireland or eligible for chartered membership or, where the placement is outside the state, be a supervisor of equivalent status who can show evidence of membership of a professional psychological society.
- 4.3.4.2. Non-psychologist supervisors must be members of their professional body, bound by a code of professional ethics, have relevant accreditation in a specialist area of psychological practice (e.g., psychotherapy), and, where appropriate, have clinical psychology oversight either within the service or from within the course team.
- 4.3.5. All supervisors should be informed by the general PSI Supervision Guidelines for Psychologists. In addition, a course of supervisor training should be formulated for new supervisors together with refresher/advanced supervisor training. Guidelines for the content of core supervisor training are outlined in a document on the PSI website. New supervisors should have completed the core supervision training before, or in support of, their first supervision experience.
- 4.3.6. The ratio of trainees to single placement supervisors should normally not be more than 2:1 at any given time. In formulating this ratio of trainees to supervisors, the number of trainees is calculated by taking into account all trainees under the supervision of a psychologist at any one time and includes all trainees from a formal postgraduate training course which includes clinical psychology and other postgraduate psychology specialisms. When a supervisor has two trainees working with him/her, the course should ensure the trainees involved receive sufficient supervision.
- 4.3.7. Supervision in all placements should contain the following elements:
- 4.3.7.1. Placement objectives that focus on clinical psychology competency and meta-competency development while integrating personal-professional development

goals should be established between the supervisor and the trainee and a placement contract drawn up at the beginning of the placement and approved by the course team.

- 4.3.7.2. A minimum of two hours formal supervision should occur each week for the trainee's first year in training. The level of supervision should match the developmental level of the trainee. Thereafter a minimum of one hour's formal supervision should occur weekly and there should be at least three hours 'contact' time between the supervisor and trainee.
- 4.3.7.3. Ideally, the supervisor on the placement should be employed within the service on a full-time basis. Where this does not occur, the supervisor must be employed for at least 14 hours (2 days) per week and appropriate alternative supervision is put in place during their absence.
- 4.3.7.4. Trainees must have the opportunity to observe the client work of the supervisor(s) on core placements. The supervisor(s), in turn, must have the opportunity to observe the client work of the trainees.
- 4.3.7.5. A trainee's progress and experience obtained should be reviewed mid-way through the placement by course staff. Any concerns should be highlighted, and agreement reached as to how these concerns will be addressed in the remainder of the placement. In cases where a trainee is being supervised by more than one supervisor, each supervisor should normally attend this meeting and contribute to the review.
- 4.3.7.6. At the end of the placement, written feedback should be provided on the trainee's performance on the placement and the trainee should have an opportunity to comment on this report.
- 4.3.7.7. Where out of State placements are facilitated by a course with the approval of the employer, a clear procedure relating to the conduct of the placement must be in place.
- 4.3.7.8. There should be continuity and communication across placements. In practice, key developmental targets and any concerns from one placement should inform the subsequent placement(s) plan(s). In order to facilitate this, course teams/clinical coordinators should maintain a record of trainee competency development and clinical experiences across placements. A record of carry-over learning needs should be a standard aspect of placement documentation. Procedures need to be in place to facilitate this information sharing.
- 4.3.7.9. All clinical placements must be visited by a member of the course team at least once from the mid-point onwards during each placement for monitoring and assessment purposes. A face-to-face visit with a member of course team present in person may not be possible during an overseas placement. However, the course director must ensure that the placement is adequately monitored, with placement reviews being conducted using conferencing facilities as required.
- 4.3.7.10. Feedback must be obtained from trainees on the quality of placements experienced and supervision received and appropriate action taken when necessary.
- 4.3.7.11. The course must monitor the quality of placements offered and take appropriate action where a placement is below the required standard.

4.4. Research

- 4.4.1. Courses must have an explicit and written statement of aims and objectives for a course of research training throughout the course.
- 4.4.2. Courses must identify a person who will be a dedicated research coordinator with specific responsibility for organising and monitoring the course of research training.
- 4.4.3. Courses must provide a formal teaching course on research methods. This should include training in data collection, analysis, and interpretation in both qualitative and quantitative research methodologies.
- 4.4.4. Trainees will be taught how to carry out research relevant to the planning and/or evaluation of clinical services and should gain experience in this. Trainees will also be able to evaluate clinical research from both a clinical and a research perspective.
- 4.4.5. During the course, trainees will be required to undertake at least one service-based project and a major research project. The major research project will make an original contribution to knowledge and will lead to a formal submission of a thesis/research portfolio, which may include submission of a journal article for publication.
- 4.4.6. Trainees may utilise various data sources within their research projects. This may include but is not limited to self-collected data and secondary data sources (stemming from national and/or international cohorts). Data should originate with human participants.
- 4.4.7. All research activity must comply with the PSI Code of Professional Ethics and be approved (or deemed exempt) by a formal ethics committee.
- 4.4.8. Trainees will be supported to develop their awareness of ethical issues within clinical research, including issues pertaining to research with vulnerable groups.
- 4.4.9. Trainees will be supported to develop reflective and reflexive capacity within their research.
- 4.4.10. Priority should be given to feasible research that meaningfully contributes to knowledge regarding empirical questions in clinical psychology.
- 4.4.11. Courses must ensure that each trainee has an identified academic supervisor and a clinical advisor for their major research project.
- 4.4.12. Trainees should show evidence of preparation to disseminate the findings of their research, conducted while in training, through relevant dissemination avenues.
- 4.4.13. Courses will give trainees advice, guidance and encouragement to help them adopt clinical research as part of their general professional activity.

4.5. Personal and Professional Process Requirement

- 4.5.1. Trainees must engage in processes, either in personal therapy, group therapy/process, or a combination of these that focus on personal and professional development throughout the course. This work must be evidenced.

5. Administration and Governance of the Course

5.1. Course Board

- 5.1.1. The governance of the course must include a course board on which heads of psychology department concerned, course director, course teaching staff and placement supervisors are represented and where the interests of each stakeholder group are fully respected. Depending on the functions of the board, trainees and students, staff grade psychologists, appropriate officers from the university and health agencies, service users and carers or other individuals may be represented.

- 5.1.2. A major function of the course board should be to facilitate communications among all those involved with the course.
- 5.1.3. In all cases, it is essential that the roles and functions of the course board be clearly specified and there should therefore be a written constitution and terms of reference wherein relations between the course director and course board are clearly specified.
- 5.1.4. The course board should be involved both in considering the long-term objectives of the course and in reviewing its progress. Other functions could be specific to the individual course.
- 5.1.5. Where a university is in partnership with the HSE or other service providers in the delivery of a clinical psychology course, a written Memorandum of Agreement should be in place.

5.2. Liaison between Academic and Clinical Staff

- 5.2.1. Close liaison should be maintained between the core course team and clinical supervisors involved in the course
- 5.2.2. The core course team, clinical supervisors and occasional lecturers should be in regular communication so as to facilitate feedback to students regarding their progress on the course and also to allow the staff to be responsive to feedback from students and graduates.
- 5.2.3. The course team must ensure that supervisors become familiar with relevant course policies and procedures and, in particular, those concerning trainees and clinical placements.
- 5.2.4. The course must organise training in supervision skills at regular intervals for clinical placement supervisors as described in the Supervisor Training Guidelines document on the PSI website.

6. Course Team

6.1. Course Director

- 6.1.1. The Course Director will be an experienced qualified clinical psychologist. He/she will hold a Senior Lecturer/Associate Professor position or above. The Course Director must hold or be eligible to hold Chartered Membership of the PSI and full membership of the Society's Division of Clinical Psychology. In the event of absence due to statutory or sabbatical leave, an appropriately qualified acting director should be appointed during that interim with appropriate accommodation of their existing workload.
- 6.1.2. The course director will have the course as his/her major commitment and should devote the majority of his/her time to it. In the case of two or more people who share organisational responsibility for the course, they should together devote a substantial amount of their working time to the course. In total this should jointly equate to a majority of a WTE role.
- 6.1.3. There should be clear channels of accountability for the course director within the university and in their relationship with the sponsoring agency.
- 6.1.4. When selecting a course director, it is desirable that appropriate external members would be involved in the selection process and on the interview board.

6.2. Course Team

- 6.2.1. Courses should have appropriate staffing, the majority of whom are qualified clinical psychologists, to provide effective training. This means sufficient staff with enough time allocated to carry out the required tasks: management; teaching; personal and professional development coordination; organizing, coordinating and monitoring clinical placements; training and supporting supervisors; research supervision and assessment and monitoring of trainees.
- 6.2.2. A core course team (excluding administrative staff): trainee ratio of 1 (WTE) to 9 trainees must be maintained on the course. From time to time this ratio may be reduced during short periods when staff are on leave or posts are being filled. The ratio of 1:9 must be maintained if staff are on extended leave of six months or more.
- 6.2.3. The size and composition of the course team should be sufficient to support the following roles: Course Director, Research Coordinator, Placement Coordinator, Academic Coordinator, Personal and Professional Development Coordinator, Course Administrator. Those staff with a major commitment to the course should have an adequate range of skills and experience in order to fulfil the core clinical psychology training tasks.
- 6.2.4. Employing institutions should support access to professional development opportunities as required to maintain standards of clinical competence and engage with career development opportunities within the organization. Members of the course team should not be prejudiced in prospects of promotion and a plan with each course's board needs to be agreed in order to facilitate sabbatical requirements as per other academic staff.
- 6.2.5. Teaching staff of the course team, including course director, must be involved in regular professional practice that has relevance to the training course. Across all such staff, this could show some combination of direct client contact, research and organisational work. For all such staff, it is important that there is evidence that this work is formally recognised as an integral part of their role and is supported by their employing institutions.

6.2.6. The course must have adequate administrative support at a sufficiently high level to achieve compliance with the complex requirements of various stakeholders and should be located within a secure non-shared setting solely devoted to the clinical course. Normally this would mean a minimum of a full-time administrator with a minimum ratio of 1:36 trainees. As a course expands, a pro-rata change in administrative support should occur.

7. Course Resources

- 7.1. The course should have appropriate facilities and resources including:
- 7.1.1. Teaching space of adequate size and quality for each cohort of students;
 - 7.1.2. Access to computer facilities and relevant software;
 - 7.1.3. Adequate space to enable the course to be administered effectively. This should include dedicated office space for administrative staff. To ensure the interface of the course between the University and the Health Service is confidential and secure, it should not be shared with the administration of undergraduate or other postgraduate programmes;
 - 7.1.4. Designated office space for all course staff;
 - 7.1.5. Access to library facilities;
 - 7.1.6. Access to a range of psychometric tests routinely used in clinical practice. For core tests used in core placements, there should be sufficient access to facilitate pre-placement familiarization and learning;
 - 7.1.7. Adequate storage for efficient operation of the course.

8. Admission Requirements and Procedures

- 8.1. Only those graduates who hold academic awards that are recognised as satisfying at least the minimum qualifications for Graduate Membership of PSI are eligible for inclusion on the Postgraduate Professional Training Course. University authorities may set their own standards for entry to the course over and above this.
- 8.2. Vacancies on the course should be broadly advertised and the selection of candidates should follow accepted recruitment procedures.
- 8.3. Appropriate weighting must be given to relevant experience.
- 8.4. In addition to academic standards for selection to the course, selectors should pay particular attention to the other personal qualities necessary to fulfil the role of the psychologist in the Health Service, for example, ability to relate to clients and to work compatibly with others.
- 8.5. The selection procedure should be carried out by a committee composed of representatives of both the academic staff and practitioners.
- 8.6. The selection procedure should be evaluated periodically, and a written record of this review retained.
- 8.7. Courses should make available relevant information about the structure and organisation of the course to potential applicants prior to application.
- 8.8. Courses should ensure that feedback clearly linked to the selection procedure is made available to applicants.

9. Assessment Procedures

- 9.1. While the actual procedures of assessment will be at the discretion of each psychology department concerned (necessarily adhering to the requirements of the conferring institution), the following principles should govern the procedures.

9.2. The courses should demonstrate how the following areas are assessed:

- 9.2.1. Academic competence
 - 9.2.2. Clinical competence
 - 9.2.3. Research competence
 - 9.2.4. Personal and professional development
- 9.3. The student must satisfy the examiners in all areas of study.
 - 9.4. External examiners of high professional and academic standing should usually be involved in all four areas of assessment and should usually be qualified clinical psychologists.
 - 9.5. Continuous assessment of academic, clinical and research competence is essential, as is continuous assessment of personal and professional development, through which the trainee is required to display an active ongoing commitment to developing self-knowledge and self-awareness in clinical practice as well as a knowledge of and willingness to engage in effective self-care and management.
 - 9.6. The placement supervisor's report is a major part of the assessment of the trainee's clinical practice. This report should relate to the specific aims and goals of each placement.
 - 9.7. The submission by the trainee of an agreed number of case studies should form part of the assessment of clinical competence and reflective capacity. These reports should cover a reasonable range of experience.
 - 9.8. The assessment of research competence will be based on at least one service-related project and a major research project. The service-related project and major research project should be in a clinically relevant area.
 - 9.9. Courses must provide written guidelines on criteria for placement failure. An awareness of these criteria should be maintained when developing the aims and content of the placement contract. These guidelines must be reflected in the Memorandum of Agreement between the university and the sponsoring agencies and reflected in the trainee's contract of employment.
 - 9.10. If a trainee has failed a placement but has been allowed to continue in training, then there should be a clear mechanism for extending the period of training, if necessary, to ensure that acceptable standards of clinical practice are reached and that core competencies are acquired.
 - 9.11. Trainees should be made aware of relevant appeals procedures at the beginning of the course.