UNIVERSITY OF LIVERPOOL

**Doctorate in Clinical Psychology
Primary Care and Mental Health
Institute of Population Health**

ACADEMIC HANDBOOK 2023/24

The Academic Team

Academic Director - Dr Hannah Twiddy

Academic Lead Year 1 – Dr Rachel McGowan
Academic Lead Years 2 & 3 - Dr Beverley Dayus
Academic University Clinical Tutor (Year 1) - Dr Camilla Smith
CBT Pathway Lead - Ms Nicki Hubbold

Professional Services/Student Experience Team

Assessment:
Ms Joanne Dunnill - Year 1 Student Experience Administrator
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Timetabling:
Sophie Watson - Student Experience Administrator

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**THE ORIGINAL
REDBRICK**

Doctorate in Clinical Psychology

Contents

Introduction

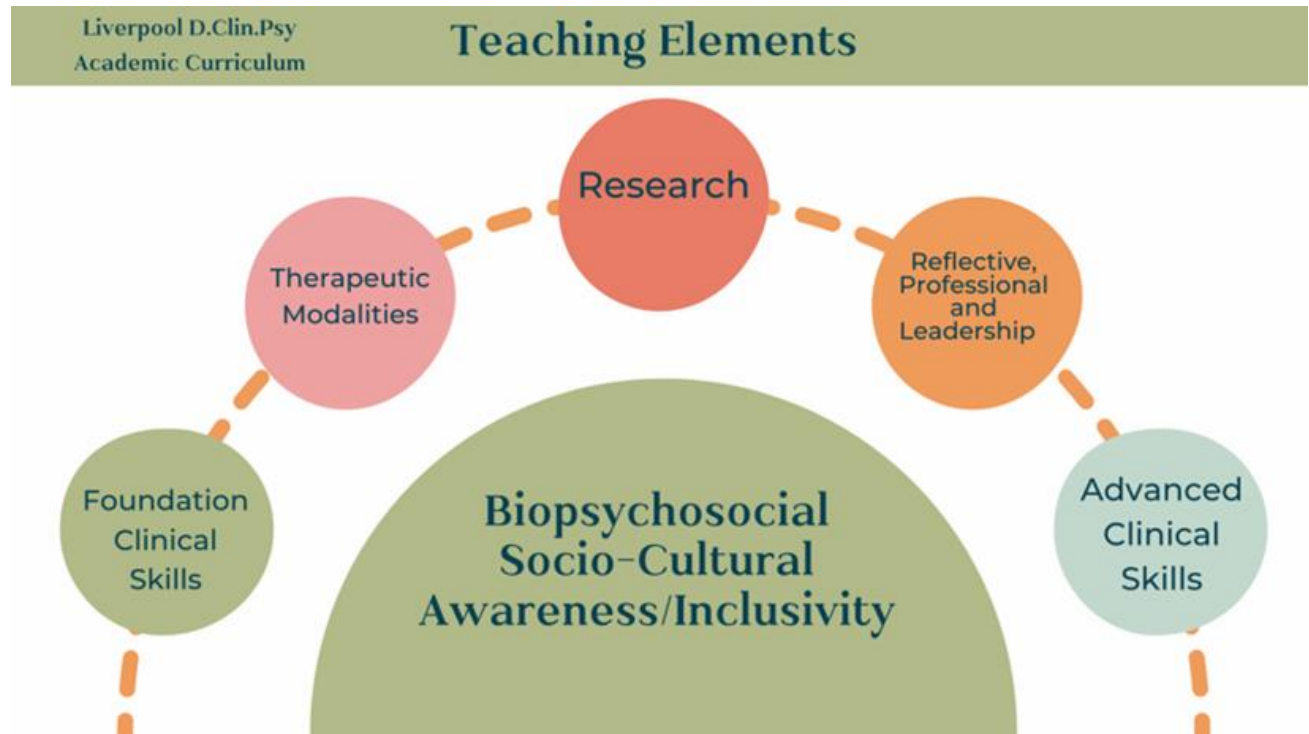**WELCOME TO THE UNIVERSITY OF LIVERPOOL**

The teaching programme consists of approximately 1000 hours of direct teaching and learning activities across the three years of training. Key areas include the following: academic, clinical, research, professional and personal issues, and NHS Trust mandatory training. The teaching programme covers all the principal elements required by the BPS's Standards for Doctoral Programmes in Clinical Psychology (BPS 2019) and the HCPC's Standards of Education and Training (HCPC 2023). The structure, delivery and assessment practices within the programme align with the Liverpool Curriculum Framework.

Structure of the Academic Curriculum

The academic programme is divided into a series of inter-linked teaching units under five key teaching elements (Figure 1). Within each unit, a wide spectrum of teaching and learning methods may be employed, depending on the objectives of the unit and the type of material to be covered. The programme's inter-linked teaching units each focus on a designated area enabling an integration of theory, research and clinical practice. The structure, delivery and assessment practices within the programme align with the Liverpool Curriculum Framework.

The curriculum is developmental, each year consolidating and building on prior competencies. The time devoted to the formally taught component decreases as the programme progresses through years 1, 2 and 3. At the beginning of the course, trainees attend full-time for a five-week intensive teaching induction block. Y1 trainees then attend teaching two days a week in term time throughout the first year. Y2 trainees attend teaching one day a week in term time throughout Y2 and Y3 trainees attend for teaching on one day a week for the first two terms only. At the start of each placement trainees have a two-week intensive teaching block. The programme curriculum has recently incorporated optional units for specialism in year 3.

Liverpool D.Clin.Psy Academic Curriculum

Teaching Elements

Research

Therapeutic Modalities

Reflective, Professional and Leadership

Foundation Clinical Skills

Biopsychosocial Socio-Cultural Awareness/Inclusivity

Advanced Clinical Skills

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Competencies	
Core Skills	
Orientation/mandatory training	Clinical assessment and risk
Clinical interviewing	Formulation EBL
Intellectual Disabilities	Older Adult
Children, Young People and Families	Physical health
Trauma and Complex presentations	EDI & EDI EBL
Neuropsychology	Human rights
Competencies	
Therapeutic Modalities (across the lifespan)	
CBT Eating disorders (CBT) Bipolar (CBT) Panic/social phobia (CBT) PTSD (CBT) OCT (CBT) Health anxiety (CBT) and LTC (APT) Intro to psychosis (CBT) Assessment and formulation: Depression (CBT) Assessment and formulation: Anxiety (CBT) CBT Skills Groups CAT seminar groups (third year option)	CAT CAT in specific populations Positive behaviour support
Systemic	ACT
Competencies	
Advanced Skills – working with complexity	
Psychosis	Forensic
Complex Neuropsychology	Perinatal
Complex Physical Health	Complex Eating Disorders
Third wave CBT approaches	CAT Seminars
Competencies	
Reflective, Professional & Leadership	
PPD	Clinical Reflective Groups
Professional Issues	Feedback forums and transition
Competencies	
Research	
Research Year 1	Research Year 2
Research Year 3	Preparing for Viva Voce
Research Presentations	CSRI teaching

Attendance

Trainees are paid to attend University, and hence attendance is a requirement of your employment contract. For this reason, you need to sign a register of attendance (kept in the main reception of ERB). Trainees are responsible for ensuring that they sign in, as it is a formal record of attendance. It is considered professional misconduct to sign in on behalf of another trainee who is absent or is late for the session.

Punctuality

Teaching sessions start at 09.30 prompt to ensure that you have time to arrive, complete registration (this is a mandatory requirement) and settle in to the room ready to learn as the session starts.

Absence

If you are unwell or have a personal appointment that cannot be rearranged outside of teaching time, which means you are unable to attend University for your teaching, you must contact the programme team to let them know. Please include an idea of the expected length of absence and when you will return, if appropriate. All email contacts can be found in the table at the end of this section under communication. On your return to University it is expected that you will catch up on any missed teaching through accessing the handouts, recording if available or additional reading as appropriate. Contact your personal tutor for support or advice with this.

Leave During Academic Terms

During academic terms trainees cannot take periods of leave that include days when lectures take place. This does not mean that trainees cannot take any breaks during term-time – please refer to the programme handbook on leave allowance on placement. Exceptions to this rule: There will be occasions when trainees have a legitimate reason for wishing to be absent on academic days. For example, they may have been given a time to attend for medical treatment on an academic day which is difficult to reschedule. Sometimes there are significant (as opposed to routine) social occasions that a trainee wishes to attend – for example, family weddings, funerals, or special events involving partners. In all such cases trainees should talk to their course tutor before arranging any leave. Since we are responsive to reasonable requests, we expect trainees to discuss any requests for exceptional leave arrangements in advance. Your personal tutor will inform you whether your request for exceptional leave has been granted. It is inappropriate to request leave retrospectively, and especially inappropriate if the request is made after making travel arrangements (for example, after purchasing tickets), since this can be presented as a fait accompli.

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Professionalism in Teaching

Professionalism

Your time in University should be considered in the same way as your time on placement in the NHS. We expect the same level of professionalism in relation to time keeping, respect for each other, thoughtful communication and engagement. Programme and visiting staff should be able to expect the same level of courteous behaviour you show to your clinical colleagues, and which you can equally expect of them.

- At all times you are an employee of the NHS, and your contract runs as a normal working day even on days of teaching.
- Teaching starts promptly at 9.30am and you are expected to be registered, seated and ready to engage at that time.
- Teaching ends at 4.30pm leaving you half an hour to complete feedback or catch up with programme team staff if needed.
- Whilst drinks are permitted in the teaching sessions, please do not bring food into the rooms.
- If you need to leave the room during teaching, please do so quietly and return promptly.
- There should be no use of phones or laptops unless noted in disability support plans or required for the session.
- You should not be responding to emails or text communication during teaching.
- Teaching should not be missed for studying or coursework completion, and you should not be working on assignments during teaching sessions.
- Trainees should not organise meetings for during teaching session time or leave sessions early for meetings, unless there are exceptional circumstances that necessitate this.

Trainees in all cohorts have a range of reasonable adjustments in place. Some Trainees may be arriving late, leaving early, or taking rest breaks. Others use assistive technology, or require specific seating. Some trainees may use grounding techniques such as mobile phone apps, or breathing exercises. If you have any concerns, please feel free to seek clarification discreetly and politely from a member of staff, or your colleague themselves. We understand that some of these adjustments may feel a little inconsistent or unfamiliar, but we are doing our best to make the clinical psychology programme an inclusive space.

Housekeeping in Teaching Sessions

The following sections give a context to the brief reminders that we ask facilitators and presenters to cover in their session overviews.

Content warnings

Content warnings, also known as 'content notes or trigger warnings,' are used by the University to highlight content that could potentially be distressing to some individuals. They are not used to constrain or censor what is taught or opened up for discussion, but to acknowledge the potential impact of difficult topics and enable students/trainees to take responsibility for their learning by allowing them to prepare in advance. It is not always possible to pre-empt which topics could be potentially distressing, but certain themes are perhaps more likely to be particularly difficult for some individuals, e.g. violence, sexual assault, abuse, death, hateful language or behaviour (e.g. racist, sexist, homophobic or transphobic language/behaviour), suicide, miscarriages, abortion, and animal cruelty, among others. For the DClinPsych programme it is likely that all or most of these topics will come up frequently. Just as it is likely that you will hear such material in clinical work without any warning, it is important to be conscious of the potential for this to occur unexpectedly in teaching too. As professionals we work into services where we are expected to be able to cope with things that we may find objectionable, unpleasant or 'triggering.' As such there needs to be due consideration to how you access support if these topics are triggering for you.

As trainees you are all different and will have unique lived experiences; as such, we cannot expect presenters or session facilitators to predict what may be experienced as triggering. Likewise, they cannot be expected to predict what other trainees may bring up in a session. Titles for sessions are available in advance of sessions and we ask that you take personal responsibility for considering what you may find triggering. If you need to take breaks during sessions please do so. Care and compassion will be shown and if you would benefit from additional support you should discuss this with your personal tutor or, if needed, locate a member of the programme team to let them know.

The evidence base for content warnings is mixed, with reports of it helping prepare people for difficult content and for others instilling anticipatory anxiety. As such this will remain under review with the programme team and you are encouraged to provide feedback on your experiences through Qualtrics where it has or hasn't been helpful, or where it would be.

Shared space

The learning platform, whether that is a lecture-style classroom, group work or flipped classroom is a *shared learning space.* A range of views and opinions are welcome and no questions are daft ones. You are expected to enable all voices to have a space, and to be respectful of each other's contributions, including those of the facilitator.

There may be times when the facilitators are presenting controversial material and will encourage your engagement in exploring sensitive themes and issues. Please be respectful with any challenge to each other's views and opinions and those of the facilitators; this means always communicating in a professional and courteous tone and manner. This assists in maintaining a safe learning space.

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Confidential space

The nature of the training programme means that it is inevitable that client case material will be presented, and personal reflections invited. As such it is essential that confidentiality of the space is maintained. Any resources used within the teaching session that contain client information, even if anonymised, should be treated confidentially and returned to the facilitator if requested. Session slides <u>must not</u> be shared on social media platforms or in any other form that violates copyright. The content may include sensitive information and remains the property of University of Liverpool.

The Doctoral Programme for Clinical Psychology policy on recording of lecturers and teaching content is based on the University of Liverpool Recording Lecture Capture policy (June 2019) but has been modified to accommodate the nuance of recording and storing Doctorate in Clinical Psychology teaching sessions that may contain both sensitive and personal information.

The Doctoral Programme for Clinical Psychology at the University of Liverpool is not a remote learning course. Recording of lectures is intended to supplement, rather than replace, trainee attendance at lectures (except where a student may be unable to attend due to a disability and where recordings have been identified as part of their reasonable adjustment plan, in which case an opportunity to record the lecture should still be provided).

Recorded lectures will not be used to monitor the performance of lecturers. However, lecturers are encouraged to review their recorded lectures with a view to enhancing their teaching practice. If there are concerns about content trainees should follow the concerns form procedure.

It is not the responsibility of either the academic team or professional services staff to ensure that the lectures are recorded or to make decisions on behalf of the trainees or lecturers about the appropriateness of the recording of lectures. There may be assorted reasons why it is not appropriate to record a session, and this will vary depending on the cohort, lecture and individual trainee needs. This is a decision that must be made by the trainees/lecturer(s) and or both.

Trainees cannot expect that all sessions will be recorded and should not rely on the recording of sessions to catch up on lost learning. Other resources such as private study, library resources, and journal papers should be accessed and are expected in the role of an adult learner.

Support Plans

If a trainee has a disability or long-term health condition (including mental health) and you have declared this, you should already have been in touch with Disability Support and/or Occupational Health.

If you have not declared your disability or long-term health condition and require additional support please get in touch with Ste Weatherhead by emailing **ste@liverpool.ac.uk** in order to discuss your needs.

Support Plans are individual to each student and are designed to provide reasonable adjustments during your assessments; these may be extensions, extra time during exams or use of a computer during written exams, for example. For more information on how the University may be able to help you please see:

http://www.liverpool.ac.uk/studentsupport/disability

Feedback on Teaching

Feedback is essential for the smooth running of the programme. We value the constructive feedback trainees provide on teaching. It is used within the programme to develop the curriculum and shape the teaching units, it is provided to external contributors to help them develop their teaching effectiveness, and it provides a means of quality assurance for the programme.

Obviously, we hope that things run smoothly during your time as a trainee; that no-one feels excluded, marginalised, or unhappy with their time here. However, things don't always go to plan, so it's important to make sure we have a process so any significant concerns or issues can be recorded, reviewed, responded to, and audited. The Concerns Record Form has been developed for this. This is in addition to the University Complaints process, which you can find out more about through the Intranet.

Concerns and Complaints

The Programme values inclusion, human rights, and fairness in all we do. At times this may feel challenged by adverse incidents, experiences of micro-aggressions, or other experiences that can lead to distress. In most circumstances these can be explored informally and resolved through compassionate, honest discussion. Support systems provided by Personal Tutors, line managers, and other formal and informal processes can help. Where any concerns cannot be resolved in this way, where you would like to informally log an issue, or escalate a concern to the programme, there is a process to do this. The Concerns Record Form is designed to help guide enquiries and exploration of and concerns or complaints you may have about any aspect of the programme delivery or content.

Professional Standards

As a full-time employee of Mersey Care NHS Trust and a registered student with the University of Liverpool, it is expected that professionalism in the workplace will also be respected whilst in attendance at the University. This means that you should familiarise yourself fully with both Mersey Care and University policies and procedures.

Communication

When sending emails to any member of the programme team, the appropriate level of courtesy and respect is expected. Likewise, with emails you receive please consider appropriateness before forwarding.

Social Media

The University of Liverpool and Merseycare both have policies regarding acceptable use of social media platforms and you are advised to familiarise yourself with these. There are policies in place to respond to situations in which the programme, University or NHS Trust is brought into disrepute where confidential data is breached or patient information disclosed. Appropriate and respectful use of social networking is always expected. It is acknowledged that these can be beneficial platforms for sharing of information but communication must be respectful.

Trainees are asked to be mindful and professional about using platforms - such as Snapchat/WhatsApp/Teams/Facebook/Instagram/X - to communicate personal views pertaining to professional contexts, such as teaching, placements supervisors and lecturers; this is particularly relevant when social media groups include entire cohorts or large groups of trainees.

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Communication table:

Issue or question	Who to inform	Contact details
Absence from placement	Programme Administrator, Supervisor, Personal Tutor	Amanda Harrison mandaj@liverpool.ac.uk
Absence from teaching	Programme Administrator, Academic Year Lead, Personal Tutor	Amanda Harrison mandaj@liverpool.ac.uk
Enquiries related to submission of assignments: dates, process, forms, return dates	Year 1: Jo Dunnill Years 2 & 3: Martin Lloyd	Jo.Dunnill@liverpool.ac.uk Martin.Lloyd@liverpool.ac.uk
Enquiries related to recorded sessions	Sophie Watson	Sophie.Watson@liverpool.ac.uk
Academic issues related to assignments or teaching	Academic Year Leads	Year 1 - Rachel.Mcgowan@liverpool.ac.uk Years 2& 3 - Beverley.Dayus@liverpool.ac.uk
Disability Support Plans	Ste Weatherhead	ste@liverpool.ac.uk
Extenuating Circumstances	Psychology Department See Policy COPA on CANVAS	psycexam@liverpool.ac.uk
Unplanned Late Submission Policy	Please check CANVAS	Submit to: academicdclinteam@liverpool.ac.uk
CSRI queries	Relevant Research year lead	See research handbook
CCRI queries	Personal Tutor in first instance, Academic Year Lead	Year 1 - Rachel.Mcgowan@liverpool.ac.uk Year 2/3 - Beverley.Dayus@liverpool.ac.uk
Exceptional circumstances annual leave in teaching	Personal Tutor discussion prior to Academic Director.	Amanda Harrison mandaj@liverpool.ac.uk
University Policies	Please check CANVAS	
Merseycare Policies	Clinical Director / Line Manager	Sarah Butchard butchard@liverpool.ac.uk

Assessment

Overview of Assessments

Assessment is authentic, varied and linked to key clinical psychology competencies. The formative and summative assessment practices within the programme follow the framework of authentic assessment supported by the Liverpool Curriculum Framework.

Trainees are required to perform to the stated satisfactory pass standard in all these areas to be awarded the degree:

Academic:
1. Academic Coursework Assignments
2. Clinical Case Related Investigations (CCRI)/Clinical Service-Related Investigations (CSRI)

Clinical (See Clinical Handbook):
3. In vivo assessment of Teaching and Presentation Skills
4. Clinical Placement Reports (SAT form: see clinical handbook)

Research (See Research Handbook):
5. The Major Research Dissertation (see research handbook)
6. The Viva Voce Examination (see research handbook)
7. Clinical Service-Related Investigation (CSRI; see research handbook)

The provisional calendar of academic assessment is as follows:
Exact submission dates are TBC for future academic years for cohort 2023 and will be issued prior to the next academic year.

	Year 1	Year 2	Year 3
Academic Coursework Assignments	Formulation Assignment (4500-5000 words) 5 February 2024	Systemic Assignment 3 June 2024	
Clinical Case Related Investigations*	CRI1 8 April 2024	CRI2 30 September 2024 CRI3 (April 2025)	CRI4 (October 2025)
In Vivo Assessment of Teaching and Presentation Skills			
Clinical Placement Reports (SAT form)	Assessed during each Placement	Assessed during each Placement	Assessed during each Placement
The Major Research Dissertation	Proposal Due	Meetings with Supervisor	First Opportunity to Submit:
The Viva Voce Examination	N/A	N/A	First Opportunity: July 2026

*One of these CCRIs is replaced with a CSRI. Please note trainees are able to submit a CCRI and a CSRI from the same placement according to the submission dates relating to that placement. Trainees are not permitted to carry over clinical work or service- related research into a future placement to enable a later submission date. All work submitted should pertain to the current placement.

Types of CCRI

There are four types of DClinPsych core CCRIs. These are generic intervention, extended assessment, systemic/consultation and brief intervention case series. For trainees on specific pathways there are additional requirements in the format of the CBT and CAT CCRIs. Please see the pathway handbooks.

For all clinical case research investigations there must be a clear and concise review of literature (research and practice) of relevance to the case presentation and service. This should be presented with a critical lens and provide the context from which to derive your assessment and intervention in an evidence-based approach. Likewise, all CCRIs must include critical reflection of the intervention adopted, the process and therapeutic relationship, evaluations and outcomes; and drawing on wider social and cultural context such as 'social graces' model.

1 **CCRI - Generic Intervention (these are not limited in number, but one must be a CBT CCRI)**

A Generic Intervention report must include all aspects of assessment, formulation, intervention and evaluation, integrating theory and practice in a meaningful way. The clinical work undertaken may be in one therapeutic modality or an integrated approach. Either way, a clear justification and rationale for the approach being taken must be provided. It may include CBT interventions, work within a family therapy or systemic approach, therapeutic interventions with a neuropsychological component, CAT informed work or work carried out using a different therapeutic (e.g. third wave, PBS) or integrated approach.

2 **CCRI - Systemic Consultation (only one of these can be submitted)**

A Systemic Consultation report would describe an intervention of an indirect nature, i.e. where the client's needs can best be met by intervention aimed at changing the system or systems that they are operating within (e.g. family/service setting).

Consent must be considered carefully. Goals for change, both for the client and for the system(s) around them must be stated explicitly prior to starting the intervention. There must be a rich and   substantive assessment informed by the service user/ family/system/external agencies, as well as past and current corroborating clinical reports and case history/information. The assessment should be designed to produce a systemic

and multiple perspective formulation that reflects the views of all parties including that of the service user. As part of the intervention, the assessment/systemic formulation should be shared with all parties as part of the consultation. A comprehensive formulation and intervention plan and/or recommendations that might involve working with a number of systems would be included, with clear acknowledgment of how the intervention plan would be taken forward.

The assessment and formulation is required to capture the competing, and multi-perspective, narratives of all concerned; and utilise a variety of methods from multiple sources. This typically features some combination of: interviews, psychometrics, idiographic or self-report methods and behavioural observations. Formal assessment procedures (standardised psychometric instruments), systematic interviewing procedures and other structured methods of assessment may be included. Qualitative material derived from staff meetings or participation in case conferences should be included. Change will also often need to be evidenced from qualitative material derived from discussions with staff teams and through consultation.

3   CCRI – Extended Assessment (only one of these can be submitted)

An Extended Assessment report would be appropriate for a comprehensive assessment that demonstrates skills in the use of a range tools and techniques, where the findings are integrated into a formulation. As such this report would need to demonstrate substantial skills in synthesis of information. The work completed must be equivalent to the time/ complexity of an intervention case. *Examples might include Neuropsychological Assessment*: where a combination of cognitive assessments, clinical interviews, case note reviews, psychometrics tools and possibly observations have been used. *Development of a positive behaviour support plan*: where clinical and structured interviews, questionnaires, observations and functional analysis have been used, and possibly other psychometrics. Assessments of couples/ families, or forensic reports might also fit the criteria. If considered an Extended Assessment CCRI it is advisable to discuss this at your mid-placement review.

4   CCRI – Brief Involvement Case Series (only one of these can be submitted)

A Brief Involvement Case Series would be suitable for writing up clinical work completed within 2-4 sessions. This might include inpatient assessment, risk management provision, crisis-care, single-session therapy, and other brief interventions. The report would provide a background section that covers the role of the Clinical Psychologist within the service and relevant evidence-based literature (e.g. of brief intervention, impact for engagement, strengths and limitations of time-limited work) for the type of clinical work completed. Each case would then be presented providing a rationale for the work undertaken, an overview of the work completed and its evaluation. The discussion would focus on efficacy of the work undertaken, reflections of the value of Clinical Psychology

for the patients and service, a critical analysis of brief involvement and the trainees developing skill set.

Essays/Assignments

Trainees are required to submit two academic coursework assignments; one each in Years 1 and 2. These take the form of a structured essay. The doctoral course is undergoing some changes in formative and summative methods of assessment. No changes to that described in the handbook will occur without trainee consultation and involvement.

The Year 1 Case Based Formulation Assignment (4500-5000 words) focuses on two psychological models: CBT and CAT. Trainees are required to describe a client whom they have seen for assessment on their first adult mental health placement, whether they have gone on to provide an intervention or not. They are required to provide a formulation of the client's presenting difficulties from two separate clinical theoretical perspectives, outlining their implications for intervention. The client selected for this assignment must be different to the client selected for the CCRI. Detailed guidance on the Year 1 Case Based Formulation Assignment is issued during the first term of year 1. This is available on CANVAS.

The Year 2 Teaching/Clinical Consolidation Systemic Assignment (4500-5000 words) is designed to assess competencies developed in systemic approaches, as gained though teaching and placement experience. The assignment includes a choice of questions focused on systemic theory and practice. Marking guidance and feedback forms are available on CANVAS.

All coursework assignments have a mandatory minimum word limit of 4500 and a maximum permitted word limit of 5000, which includes tables, figures, text boxes and footnotes, but excludes references. The inclusion of images within the document should be limited to those with minimal text and should not be used as a substitute for a table/diagram. Whilst CCRIs and CSRIs will include appendices, the essay-style assignments must not contain any appendices. Work submitted must not exceed the word limit stated above.

Any assignment that exceeds the word limit will be returned to the trainee and treated as an unauthorised late submission.

When completing assignments, trainees undertaking the CBT Pathway Accreditation should also refer to the CBT Pathway Handbook.

Submission of assignments

A copy of each assignment must be submitted to the relevant Turnitin link by 9:15am on the date of submission, to enable an academic integrity check to be completed. A copy must also be emailed to the Assessment inbox (dclinassessment@liverpool.ac.uk) by 5pm on the date of submission. Assignments should be identified for the attention of the appropriate Academic Administrator (Formulation Essay, CCRI1, CCRI2 - Jo Dunnill and CCRI3, Systemic

Essay, CCRI4 - Martin Lloyd). Full instructions are circulated ahead of each submission. Trainees are expected to adhere to the conventions of academic integrity by producing their own work. The University's Academic Integrity Policy for dealing with poor academic practice is set out in an appendix of the CoPA.

Submission

Submission deadlines are not negotiable. We have agreed key dates for submission of work for cohorts for marking governance procedures that include a need to moderate marks both internally and externally. Trainees who submit late are unable to be included in this process and may have to wait for a future key submission date for marking. Trainees are provided with a list of the key submission dates at the start of the academic year.

Trainees who fail to submit on the deadline date, without an agreed plan in advance, will receive an immediate fail for the assignment.

There are circumstances where submitting after the expected cohort submission deadline date is acceptable; this may be planned or unplanned. In any of these circumstances it is imperative that the correct paperwork and processes are followed. Applications for an unplanned late submission or deferral are reviewed by a committee. Unplanned late submissions tend to be rare given the circumstances by which the University constitute an '*unforeseen circumstance*'. Assignments will be failed if they are not submitted on time without the relevant authorisation. Planned holiday leave is not consider a valid reason for late submission or late re-submissions.

Planned Late Submissions

A planned late submission includes: that which is in line with a Disability Support Plan, or an agreed deferral (see below where this is applicable) of an assignment.

All trainees who have a Disability Support Plan with the requirement for a planned late submission identified will be provided with two weeks beyond the cohort deadline for that assignment.

Trainees will be afforded the same planned extended deadline to any subsequent submissions required, e.g. following a conditional pass or required amendments. Trainees with a Disability Support Plan are not required to complete an unplanned late submission form; the planned late submission will be applied automatically.

Trainees are asked not to send emails to Professional Services to confirm or clarify the DSP extension. Where Disability Support plans indicate a need for submissions more than two weeks, this will be implemented, in line with the agreed reasonable adjustments.

Unplanned Late Submissions

If a submission of an assignment is affected by unforeseen circumstances that lead to the trainee being unable to submit a piece of work by the deadline date, the trainee will need to notify the academic team through completing the unplanned late submission form (please

see CANVAS for the form and ULS policy).

It is the trainee's responsibility to discuss at mid placement reviews (MPRs) any expected difficulties relating to the completion of a CCRI or CSRI.

Unplanned late submission forms **cannot be submitted more than two weeks before** the deadline of the assignment. Requests for a late submission due to unforeseen circumstances will not be considered if there is more than 2 weeks remaining before the deadline. **It is not appropriate for trainees to attempt to negotiate 'extensions' via email with academic year leads or personal tutors** and not follow the university processes. All forms and supportive evidence should be submitted to: **academicdclinteam@liverpool.ac.uk**

Please note that you are requested to provide evidence for the unforeseen circumstances alongside your submission of this form and there is a list of example situations that are deemed 'unforeseen' within the ULS policy.

Assignments will be failed if they are not submitted on time without the relevant authorisation. Planned holiday leave is not consider a valid reason for late submission or re-submissions.

In rare and urgent situations (e.g. a medical emergency) a ULS form can be submitted retrospectively.

The difference between the two policies - '*unavoidable late submission'* and '*extenuating circumstances*' - is whether the unexpected circumstances are understood to have prevented the assignment being submitted at all (i.e. the progress made with the assignment has been impaired), which would constitute an unavoidable late submission, or whether there have been unexpected circumstances that have hindered the process made, and the quality of the work, but which wouldn't account for the assignment not being handed in at all at the deadline date (extenuating circumstances).

Deferrals

A deferral is not synonymous with a long extension to submit.

A deferral occurs when a trainee cannot or does not submit a piece of work in the specified placement as would normally occur in the course of training.

A trainee cannot, under any circumstances, ask to defer the preparation of an assignment from one placement and submit whilst on another. If an assignment is deferred, it is making the choice not to use that placement for the preparation of submittable work. This deferred assignment should be submitted in a later placement.

If a trainee is unable to submit a piece of work at all due to circumstances beyond their control, they are able to apply for a deferral of that piece of work (see CANVAS for form).

The deferral must be requested at least four weeks before the submission date. If the application is made in less than four weeks before the submission date it may not be accepted.

A trainee may only defer one piece of work during their training, unless there are exceptional circumstances authorised by the Academic Director. This is due to the portfolio of work required, associated timescales and processes for marking. Should a piece of work be deferred the trainee has to complete a new piece of work relevant to their next placement. Work from a previous placement cannot be written up beyond the end of that placement. If a piece of work has been deferred the trainee needs to agree the replacement piece of work and a submission date in line with the schedule of submissions for the DClin department. Deferral form and policy can be found on CANVAS and should be submitted to:

academicdclinteam@liverpool.ac.uk

We strongly recommend that a deferral is avoided as much as is possible. Deferred assignments often lead to trainees having to complete extra assignments at a time when they are writing up their thesis, and can also jeopardise completion of training if the deferral means an assignment is required for a trainee's final placement.

Extenuating Circumstances

It is recognised that a trainee's performance in assessments/assignments is sometimes affected by circumstances beyond their control. These circumstances are described as extenuating circumstances. If there are circumstances that have potentially impacted a trainee's academic performance, then they should complete an Extenuating Circumstances application online here - [Extenuating Circumstances](#).

Supporting evidence should also be provided. Please note that staff within the DClin programme have no jurisdiction over the time taken for extenuating circumstances to be considered.

Trainees should submit their assignment on or before the deadline date with evidence of their application for EC and if they have it the outcome of this.

Further details on extenuating circumstances and application for such can be found on CANVAS within Appendix M of the COPA.

Trainees with a planned late submission as part of their DSP can apply for extenuating circumstances as normal.
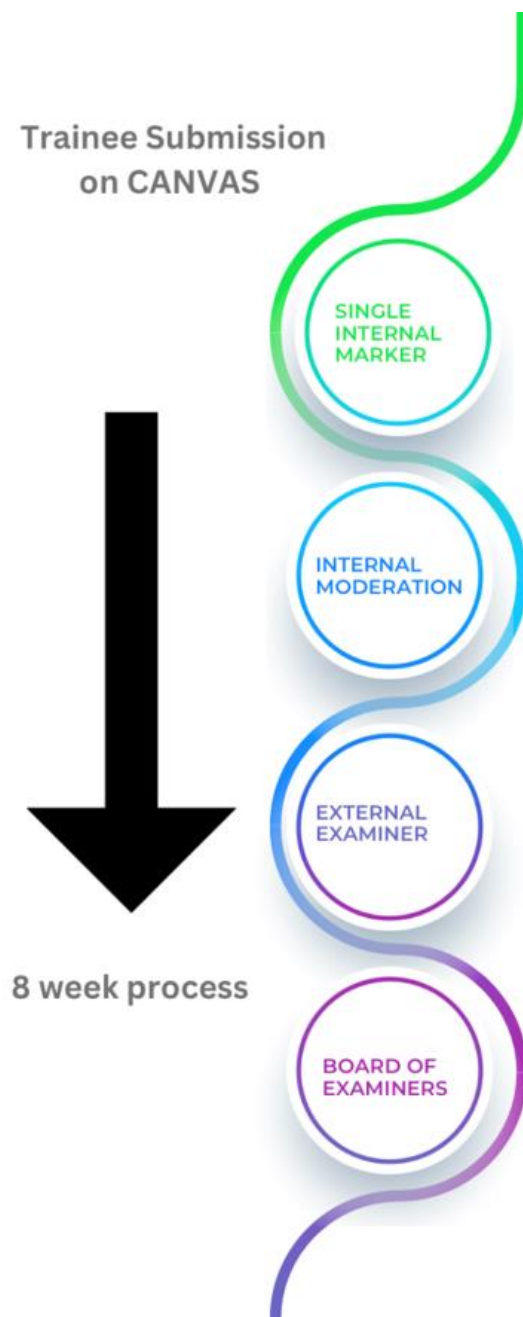
Marking

Trainees are made aware at the start of each academic year when they are expected to submit the required assignments. Assignments must be submitted on the specified date on to CANVAS; assignments submitted earlier will not be marked any sooner. All marking is anonymous. The marker and the trainee are unidentifiable to all parties. Trainees cannot liaise with markers or moderators of their assignment prior, during or following assessment.

The process from submission to release of the mark, to the trainee, is 8 weeks; any anticipated additional delays will be communicated with trainees as soon as possible.

The marking process is rigorous and has multiple steps, internally and externally, involving several layers of checking and ratification of the marking (Figure 2). Board of Examiner (BoE) meetings are scheduled several times a year and are used to ratify the trainee's assigned mark. The trainees may receive their informal mark prior to its ratification dependent upon when the BoE meeting falls. A mark is not ratified until it has been formally recorded at the BoE. In rare instances the provisional mark may be overturned; this is highly irregular and not a common occurrence.

A trainee cannot appeal a mark based on challenging the academic judgement of the marker; the latter will not be taken as reasonable grounds for appeal. Appeal of marks would only be successful on the basis of procedural error or difficulties See Appendix F of COPA (CANVAS).

Trainee Submission on CANVAS

SINGLE INTERNAL MARKER

INTERNAL MODERATION

EXTERNAL EXAMINER

8 week process

BOARD OF EXAMINERS

Trainees are autonomous learners and are expected to take into consideration key submission dates when planning annual leave. Trainees should further be aware of allowing time for resubmission of any assignments requiring amendments when planning leave. We are not able to modify resubmission dates around trainee annual leave.

Trainees with a DSP are afforded the same additional time for the resubmission of any assignments.

Marking criteria is available on CANVAS for all relevant assessments.

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Overall marking outcomes:

Category:	Descriptive examples within each marking category:
Pass	A pass requires that the report constitutes a good academic standard. There is sufficient relevant literature included and there are clear links made between theory and practice throughout the report. There is a sensitively and appropriately detailed background provided that allows the marker to understand the context in which the work was undertaken. The assessment and formulation are sufficiently rich and in-depth. The formulation must be clear and make sense, any intervention must follow from this formulation and some formal attempt to evaluate the intervention or the work in general must be evident. Trainees should demonstrate an awareness of relationship issues that may have been encountered. There should be a discussion of the implications of the work for clinical practice and an awareness of the limitations of the work. The assignment may be uneven with some aspects being weaker than others but all aspects must be covered to a minimum standard. The report must form a coherent account of the work undertaken.
Fail - redeemable	The report would be deficient in one or more of the areas described above, or generally impoverished in its treatment of the question overall. However, there would be some indication that if provided with constructive comments and criticism, the trainee could achieve a pass mark on re-submission.
Fail - irredeemable	A report may receive an irredeemable outcome where, for example, there is limited understanding of the material covered, a significant aspect of the work is missing, there is evidence of inappropriate clinical or professional conduct, or the write up is so poor that it hinders understanding. Examples - If the report demonstrates little understanding of the material covered such as the psychological literature - If there is no adequate formulation and inadequate assessment; no evaluation of the intervention, no discussion or inappropriate discussion of relationships or a lack of any awareness of the limitations of the work. - If the work is lacking in a way that would constitute clinical concern e.g. no consideration of risk, or if risks are identified and there is no management of risk noted. -If the report does not fulfil the requirements in any way, for example a CBT intervention with no cognitive elements, or an assessment CCRI that is not sufficiently complex, or the assessment has not been completed by the trainee. -If there is no evidence (from material presented, letters to other professionals and/or from the supervisor's endorsement in the form of a signature on the title page) that the case presentation accurately reflects the work carried out, -In the event of a marker suspecting that the report is untruthful in some respect, this must be communicated to the Academic Lead Tutor.

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In addition to an overall PASS or FAIL trainees will receive more granular feedback graded as follows for broad areas of competency within the CRI assignments. This will allow trainees to speak with their personal tutors about persistent areas requiring extra focus or themes in areas of excellence to be celebrated. It should be clear to a trainee why their assignment has not met the required standard, in the event of a fail outcome, and the areas requiring attention. For more details on the marking sheet used for CRIs please go to CANVAS, where you will find details of the core competency areas being graded using the system below. The assignment will not receive an overall grade. The assignment will be PASS or FAIL.

	EXCELLENT
A	Almost all, if not all, areas in the relevant corresponding sections will have been regarded as fulfilled. This grade reflects an assignment with evidence of compelling and consistent evidence throughout of the competency in the respective area being graded.

	HIGHLY COMPETENT
B	Most of the areas in this graded competency will be fulfilled. This grade reflects an assignment with evidence of consistent evidence throughout of the competency in the respective area being graded.

	COMPETENT
C	Around half of the areas in this competency are fulfilled, with the other half partially addressed. This grade reflects an assignment that is broadly evident of competence in the respective area being graded.

	WORKING TOWARDS COMPETENCY
D	More areas are only partially fulfilled than fulfilled in this area of assessed competency. This grade reflects an assignment showing limited evidence of competency in the respective area being graded.

	POOR/SUBSTANDARD
E	Almost all areas are unfulfilled throughout this competency. This grade reflects an assignment that is consistently poor and below doctoral standard in the respective area being graded.

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General procedure following a fail

Trainees must ensure they contact their personal tutor for a formal academic review meeting following any failure of an assessed piece of course work. Trainees are required to complete the formal academic review form (found on CANVAS) **prior** to this meeting. These forms will form part of your interim and annual review of programme progression.

Redeemable fail

Upon receipt of a fail the trainee will be advised on what they need to do to achieve a pass grade. The markers will provide a summary of actions and the trainee is encouraged to engage with all of the feedback provided. The assignment will be re-marked fully against the marking criteria by the original marker. All resubmissions follow the same guidance as the initial submission and are processed in the same manner. There will be 6 weeks allowed for resubmission and submission dates will be clarified in the outcome letter sent to the trainee. The University policy stipulates that two consecutive fails on the same assignment equate to programme failure.

Irredeemable fail

The University policy stipulates that two consecutive fails on the same type of assignment equates to programme failure. Trainees should be aware that any irredeemable fail will carry over to the next assignment submission, i.e. for CCRIs this inevitably means that a new submission will be on a new piece of clinical work on the next placement. This means that trainees may choose to consecutively submit two CRIs on their next placement, one of which must be the same type of their failed assignment.

N.B. Staff are not able to read drafts before submission and re-submission and provide comment. Trainees who require further support with academic assignments can access this through the wider university support structures and are strongly encouraged to highlight and discuss any additional learning needs that need to be considered within a DSP or as a reasonable adjustment. Trainees should not be discriminated against where reasonable adjustments can be made to support learning needs.

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Appendix 1: CBT Pathway

<u>**Relevant for Trainees on the CBT pathway**</u>
PATHWAY PROGRESSION

Progression on the CBT pathway is monitored by the CBT Pathway Lead in consultation with the wider DClin team.

CHECKPOINTS
There are review points embedded through the course, informally at mid-placement review (MPR) and more formally after the end of the first Pathway placement (usually Placement 1) in the form of a Pathway Review Meeting.

The Pathway Review Meeting is an opportunity to review the trainee's progress (including Portfolio), offer support, and identify that specific checkpoints have been met.

Additional meetings and/or support can be arranged at any time with the CBT Pathway Lead as required (and in consultation with the trainee's personal tutor, where appropriate).

ATTENDANCE
BABCP specify 100% attendance of accredited teaching sessions, therefore it is essential that any trainees missing scheduled teaching, for any reason, communicate this with the CBT Pathway Lead and record this using the Teaching Sessions Log along with a record of the catch-up arrangements completed for each missed session. Attendance is recorded for all trainees for every teaching session.

Catch-up arrangements:
- For **taught/lecture sessions** – trainees should access any recordings of teaching sessions, where available (the university supports recording of teaching sessions where this is possible and appropriate); trainees should obtain any PowerPoint presentation or other materials provided during the session (these are available electronically to all trainees); trainees should consult with peers and access any supplementary information or teaching notes taken during the session, where possible, to enhance their understanding of the content.

- For **skills-based sessions**, or teaching sessions which include a specific skills component – trainees should follow the steps as above, but ADDITIONALLY arrange experiential learning/role play with a peer or peers, to include personal reflection and feedback on skills-based learning. Role plays should last for a minimum of 15 – 30 minutes, depending on the proportion of skills work covered in the missed session.

DIFFICULTIES AND ISSUES (including stepping off the Pathway)
If barriers or issues arise that may impact a trainee progressing on the Pathway, the trainee should highlight this to the CBT Pathway Lead and to their personal tutor (as appropriate) so

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that every effort can be made to support their continuing progression.

The demands of the DClin take precedence at all times; the requirements of the Pathway are secondary to core DClin training and should not compromise successful completion of the DClin programme. Therefore if members of the course team identify concerns impacting on the trainee's successful progression with core requirements of the DClin, it may be necessary to recommend pausing or stepping off the Pathway.

Support Plans:
Establishing, supporting, and reviewing needs relating to clinical psychology training

Trainee Clinical Psychologists are Mersey Care employees and University of Liverpool students. This means that any needs relating to learning or employment need to be considered by both the university and the NHS. The process of establishing needs, adjustments, and responsibilities begins at the point where a Training place is offered. Where applicable this requires the involvement of university disability and welfare services, and Mersey Care occupational health. This is all then detailed in a Doctorate in Clinical Psychology Support Plan.

Flowchart:

- **Place offered** → **Trainee added to university and Mersey Care systems.**
- **Place offered** → **Disability needs?**
  - **No** → **Needs can change or become more pronounced with time. Please monitor**
  - **Yes** →
    - **Inform Disability Support Team** disteam@liverpool.ac.uk → **Recommendations made and report produced (SSIS)** → **SSIS sent to DDC**
    - **Inform DDC** ste@liverpool.ac.uk
    - **Inform Mersey Care Occupational Health** (add contact) → **Recommendations made and report produced** → **OH report sent to DDC**
    - **DClin Support Plan developed to integrate & summarise plan**
- **Support Plan reviewed with Personal Tutor at scheduled reviews**
  - **Adjustments recorded and reported to relevant parties**
  - **Equipment needed: Complete Access to Work funding application**
- **If there are any unmet needs, please discuss with DDC / Personal Tutor / Clinical Director**