SECTION THREE
Clinical Practice

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Introduction

The clinical component of the programme aims to allow trainees to apply and supplement the learning and skills development of the academic programme. Trainees are Band 6 NHS (National Health Service) employees and it is during their clinical placements that they will be most aware of their position as a developing member of the profession. The implications of this role as an NHS employee are significant in terms of how trainees relate to Programme staff, supervisors and service users.

The joint Clinical Directors have line-management responsibilities for all trainees, as well as overseeing placement provision and assuming more pastoral and educative roles. Currently, Sarah Butchard has lead responsibility for line management and Beth Greenhill has lead responsibility for placements. Trainees are expected to operate as they would in a service environment with respect to punctuality, accounting for their whereabouts at all times, and generally functioning in a professional manner. Procedures relating to the reporting of sickness and requests for annual leave are particularly important in this respect.

As employees of Mersey Care NHS Foundation Trust, trainees are expected to adhere to the policies and procedures laid out by this organisation. These can be found at https://www.merseycare.nhs.uk/about-us/policies-and-procedures and are referenced throughout the handbook.

This section of the handbook describes arrangements for:

- Clinical practice including allocation of placements, programme monitoring of trainees' progress on placement and across the clinical component of the Programme as a whole.
- responding to racist or other discrimination or harassment during placement,
- sources of support during training, and
- employee procedures, attendance and conduct.

Please note that forms attached within this document can be found within Canvas (here), please do get in touch with the Clinical Administrator should you have any problems with access.

Clinical Practice

Clinical practice enables trainees to meet the Health and Care Professions Council (HCPC) standards required for registration and the core competencies established by the British Psychological Society (BPS). How trainees are progressing on placement is assessed and monitored through a range of documentation including the Placement Contract; Placement Logbook; the Mid-Placement Review (MPR) Report; and the Supervisor's Assessment of Trainee's Clinical Skills (SAT). Progress is monitored twice per year in a formal review meeting (the annual and interim review) with the Trainee's personal tutor.

Placements in a range of clinical settings are necessary to enable trainees to develop the required breadth and depth of proficiency and competence to practice as a qualified clinical psychologist. The Liverpool Programme remains committed to providing trainees with placements during years 1 and 2 in each of the four traditional core areas: adults with psychological problems, children, older adults and people with learning disabilities. Two specialist placements are arranged in year 3 in any one of a range of specialist areas (for example, neuropsychology, alcohol abuse, psychotherapy, women's health, forensic services), or building on core placement experience.

It may be possible for trainees to undertake a community placement as one of the specialist placements. This will not exceed the equivalent of one six-month placement for each trainee (see additional guidance). It may be also possible to undertake one year-long specialist placement during Year 3, if it is considered that this will appropriately serve the trainee's learning needs at this stage of the Programme.

The placements are each of approximately six months duration and normally occur in the following sequence:

1	Year 1	Oct - Mar	Core Adult
2	Year 1	Apr - Sept	Core Older Adult/Physical Health/Learning Disability/Neuropsychology
3	Year 2	Oct - Mar	Core Older Adult/Physical Health/Learning Disability/Neuropsychology
4	Year 2	Apr - Sept	Core Child & Family
5	Year 3	Oct - Mar	Specialist 1
6	Year 3	Apr - Sept	Specialist 2

All placements are managed and supervised by an appropriately experienced, HCPC registered practitioner, who is usually a clinical psychologist. A well-developed programme of supervisor training is available locally to support supervisors.

Clinical Team

The Clinical Team consists of a Lead Clinical Tutor for each placement cycle. The relevant staff are identified in the DClin Handbook 2023-24, under staff. The role of the Clinical Tutor is to allocate placements for the relevant placement cycle, act as the first point of contact for any difficulties arising on placement and to also provide support with the development of recovery plans (if required). Alongside the Disability Support Lead, the relevant Clinical Tutor will also facilitate any disability support plans applicable to the placement.

Likewise, the Clinical Team are key in ensuring that any concerns about racism or other forms of discrimination arising on placement are addressed. If you do have any problems or concerns, please contact the relevant Clinical Tutor at the earliest convenience.

Clinical Subcommittee

The Clinical Subcommittee of the Board of Studies monitors and evaluates all aspects relating to the quality and standards of the clinical component of the DClinPsy programme. This comprises all aspects of placement relating to the training of clinical psychologists at the University of Liverpool including placement sourcing, allocation, monitoring, evaluation and supervisor training. The sub-committee includes trainees, NHS staff and relevant members of the programme team. Placement feedback audits are shared with the committee. The sub-committee also has a role in monitoring and addressing any concerns about racism or other forms of discrimination arising on placement.

Summary of Placement Related Documents

Placement learning is scaffolded through a contracting, review and evaluation process. The key documents are outlined below. A review meeting (MPR) is conducted with the supervisor and trainee, by a member of the Programme team, mid-way through the placement. Where possible, the MPR will be conducted by the Trainee's personal tutor for consistency. The trainee's performance is evaluated through the end of placement evaluation process. End of placement assessment comprises the Supervisor Assessment of Trainee (SAT) form and the Clinical Case/Service Related Investigation (CCRI/CSRI) submitted for each of the first four placements. Trainees provide feedback on their experience of placement using the Trainee's Assessment of Clinical Placements (TAP) form.

- Placement Preference Forms (link here)
- Placement Contract (link here)
- Psychological Contract (link here)
- Placement Portfolio Log (link here)
- Mid-Placement Review Agenda (link here)
- Mid-Placement Review Form (link here)
- Supervisor's Assessment of Trainee Form (Placements 1-5) (link here)
- Supervisor's Assessment of Trainee Form (Final placement) (link here)
- Trainee's Assessment of Clinical Placements (TAP form) (link here)

Once completed, Trainees should submit the above placement-related documents to the Placements Administrator.

Core Competencies

Core competencies in clinical psychology are those areas of activity that are considered by the BPS and our regulatory body, the Health & Care Professions Council (HCPC), to be central to our identity and role in the public service. These are mandatory and are covered across the programme via placement, teaching, assessment and research activities. "Competence" is defined as the ability to perform the activities of an occupation to the standards expected in employment. In line with the overall aim of the Programme the clinical component of training aims to ensure that on qualification trainees are; "fit for purpose" and meet the requirements of "fitness to practice" (HCPC Standards of Conduct, Performance and Ethics, Guidance on Conduct and Ethics for Students, and Standards of Proficiency for Practitioner Psychologists).

The nine required professional (BPS) competencies on the DClinPsy as outlined in the BPS Standards for Doctoral Programmes in Clinical Psychology 2.1.3 are:

- Generalisable meta-competencies
- Psychological assessment
- Psychological formulation
- Psychological intervention
- Evaluation
- Research
- Personal and professional skills and values
- Communicating and teaching
- Organisational and systemic influence and leadership

Core competencies are evaluated throughout placement and reviewed in the Supervisor Assessment of Trainee (SAT) form. The passing of a placement indicates that the clinical

competencies relevant to that placement have been gained and are in line with expectations at the stage of training.

It is expected that trainees will achieve these core competencies across the full range of placements. By the end of training Trainees will be able to demonstrate that they have achieved all the competencies and can apply these in all core areas which enable qualified Clinical Psychologists to work in any clinical specialism.

At all interim and annual reviews Trainees are expected to complete the competency tracker and discuss their progress and any gaps in experience with their personal tutor.

Therapy Accreditation Standards

In line with the BPS requirement for all trainees to be competent in CBT plus at least one other therapeutic modality by the end of training, all trainees are required to keep a log of the therapeutic activity they complete on placement and how this may align to accreditation standards.

> 'A defining feature of the clinical psychologist is the capacity to draw from and utilise different models of therapy and evidence-based interventions as appropriate to the needs and choices of the service user. The clinical psychologist is not a unimodal therapist.' (BPS Standards of Accreditation, 2019)

Trainees are required to complete a Placement Logbook which is a detailed record of clinical cases and other placement-related activity. Embedded within the Logbook are the Accreditation Standards for specific therapeutic modalities. It is the trainee's responsibility to keep a record of the development of these model specific skills. The logbook should be signed off at the end of each placement by the supervisor and reviewed with the personal tutor at interim and annual reviews. It is a requirement that the Logbook is submitted to the exam board at the end of training (link here).

Trainees on either the Cognitive Behavioural Therapy (CBT) or Cognitive Analytic Therapy (CAT) pathways will have additional specific requirements to meet as indicated and monitored by relevant pathways leads. There is additional guidance for placements in separate handbooks for the trainees on these respective pathways.

Number of Days Spent on Placement

It is a BPS requirement that at least fifty percent of a trainee's time during training is spent on clinical placement. To achieve this, the number of days on placement follows the pattern outlined below.

	Year	During Term	Outside term	Bookable Research Leave	Set research days	Study days
1	(Oct – End of Term 2)	2.5	4.5	4 half days	0	0.5
	(Remainder of Year 1)	-	3.5	0	1	0.5
2	(Oct - Mar)	2.5	3.5	0	1	0.5
	(Apr - Sep)	2.5	3.5	0	1	0.5
3	(Oct - Mar)	2.5	3.5	6	1	0.5
	(Mar – Thesis deadline)	2.5	2.5		2	0.5
	(Thesis deadline - Research Conf)	3.5	3.5	0	1.0	0.5
	Post-Research Conf - Sep	N/A	4	0	0.5	0.5

Key Placement Dates

Below can be found the relevant placement dates and submission deadlines.

Year 1 (2023 Intake)

Placement 1 - AMH	
AMH placement commences	18/10/2023
Submission of contract and Risk Assessment	06/11/2023
AMH placement ends	05/04/2024
End-of-AMH-placement evaluation and log submission	08/04/2024
Placement 2 - Older Adult/LD/Health/Neuro	
Older Adult/LD/Health/Neuro placement commences	24/04/2024
Submission of Older Adult/LD/Health/Neuro contract and Risk Assessments	20/05/2024
Older Adult/LD/Health/Neuro placement ends	27/09/2024
End-of- Older Adult/LD/Health/Neuro -placement evaluation and log submission	30/09/2024

Year 2 (2022 Intake)

Placement 3 - Older Adult/LD/Health/Neuro	
Older Adult/LD/Health/Neuro placement commences	17/10/2023
Submission of Older Adult/LD/Health/Neuro contract and Risk Assessment	31/10/2023
Older Adult/LD/Health/Neuro placement ends	05/04/2024
End-of-placement evaluation and log submission	08/04/2024
Placement 4 - CHILD/SPEC 1	
CHILD/SPEC 1 placement commences	23/04/2024
Submission of contract and Risk Assessments	07/05/2024
CHILD/Spec 1 placement ends	27/09/2024
End-of-placement evaluation and log submission	30/09/2024

Year 3 (2021 Intake)

Placement 5 - CHILD/SPEC1	
CHILD/SPEC 1 placement commences	17/10/2023
Submission of contract and Risk Assessment	31/10/2023
CHILD/SPEC 1 placement ends	05/04/2024
End-of-placement evaluation and log submission	08/04/2024
Placement 6 - CHILD/SPEC 2	
CHILD/SPEC 2 placement commences	23/04/2024
Submission of contract and Risk Assessments	07/05/2024
CHILD/Spec 2 placement ends	27/09/2024
End-of-placement evaluation and log submission	27/09/2024

Allocation to Placements

The Programme allocates placements primarily based on trainee learning and clinical development needs. Prior to each round of placement, trainees will be invited to complete a placement preference form (link here) considering amongst other factors, previous experience, learning needs, disability and other support needs, potential impacts of minoritized identities on placement experience and current gaps in clinical experience. Placement preference forms also ask trainees to consider how aspects of their identity, including protected characteristics under the Equalities Act, might be relevant to effective placement planning. Trainees are asked for consent to share this information with potential supervisors.

Priority will be given to trainees with a disability over non-disabled students for placement location requests for reasons relating to the impact of the student's disability, where all other aspects of the requests are equal.
The process for arranging specialist placements involves more active involvement for third year trainees.

Placement Register

Descriptions of the placements available are provided in the Placement Registers, available for each set of placements through Canvas (link here). Placement registers focus on placements within the Merseyside City Region but includes details of other placements across the North-West.

Each placement description includes socio-cultural information about the diversity of the population served and opportunities provided to work inclusively and reduce barriers to access. The placement register also describes the placement provider's policies and procedures for addressing racism and discrimination on placement. Any relevant accessibility information is included in the register.

Trainees can consult the placement registers available on Canvas for information about placements. Trainees must not, however, seek to negotiate their placements with supervisors directly **other than** regarding potential specialist placements.

Geography of Placements

Placements on the Liverpool Programme are all located within the North West region, although in practice most of our placements are in the Cheshire and Merseyside area. We work alongside the Clinical Psychology Programmes at University of Manchester and Lancaster University to maximise the number of potential placements. Notwithstanding health concerns, caring responsibilities or disability support plans, placement allocation should be prioritised to the local programme.

The Clinical Team recognise that travel for placement can have a significant impact on trainee's work-life balance, however travel is not the primary factor in making placement allocations. As with all training programmes in the UK, placement travel is an expectation of training.

Out of area placements (i.e. those out of the North West area) will not be considered. Under exceptional circumstances (such as serious illness) they may be initiated only by clinical tutors in collaboration with the relevant local clinical programme. Trainees should not seek to initiate placements in other areas of the country themselves.

A link to 3-course map including trust locations can be found here.

Final Decisions

It should be noted that any final decisions regarding linking a trainee to a particular placement will be made by the clinical tutor in discussion with the clinical director, after considering the needs of the individual in conjunction with those of the whole trainee group and the availability and suitability of placements.

Travel Expenses

Travel expenses can be claimed for travel within placements, and for travel to and from placement which exceeds the distance between the trainee's home and the University. Trainees are reimbursed for travel to and from placements at the study/training miles rate, but within placement mileage (e.g. travelling to client's home; different site) is claimed at the business miles rate. It is essential to record each of these in the appropriate column on the official travel claim form. Claims for expenses must be submitted regularly, and online. The cut-off date for expenses to be signed off each month is 7th. The expenses portal is accessible at: Self expenses portal.

Reasonable expenses that would not usually be incurred if not on placement are also claimable e.g. tunnel tolls or parking. Taxis will not be reimbursed unless pre-authorised and only in exceptional circumstances. Please refer to the Mersey Care policy on Travel and Subsistence for more details: Travel policy.

Placement Management and Activity

Placements provide the opportunity for trainees to integrate their university-based learning, and develop further knowledge and skills, within a clinical service. Whilst trainees may have specific learning objectives and aspirations, these must be balanced against a realistic appreciation of service priorities and limitations. Whilst supervisors and placements aim to emphasise the learning experience of the trainee, trainees should also see themselves as contributing to the delivery of a service in which the needs of clients remain paramount.

Please see sections below which summarise the main placement tasks and responsibilities of trainees and supervisors, providing supplementary guidance on aspects of developing contracts and the supervisory process. Whilst on placement you are expected to make the most of the learning opportunities made available to you and a substantial contribution to the activity of the service in line with your Mersey Care agreed Band 6 job description and role (link here).

Trainees can discuss their placement activity with personal tutors. Sessions on using supervision are incorporated into the timetable.

In addition to registration with the HCPC, all supervisors who need to attend a Supervisor Training Workshop before they are eligible to supervise a trainee. This workshop includes training on working with difference and diversity in supervision and the application of anti-racism in models of supervision. An 'advanced supervisor workshop' to develop anti-racist practice for more experienced supervisors is also available.

Placement Contracts

Within the first 2 weeks of placement the trainee and supervisor must develop a trainee contract (link here) and submit this to the course. The contract should make explicit both what the trainee will be doing, and the supervision and support arrangements required.

Consideration should be given to the range of opportunities available on the placement, balanced by the individual's developmental and training needs, personal interests and experiences already gained. Supervisors should consider the HCPC Standards of Proficiency for Practitioner Psychologists and the BPS core competencies relating to required learning outcomes. Efforts should be made to fill gaps in the trainee's experience. Supervisors and trainees are required to review the trainees' most recent SAT form, in particular those rated as 'no opportunity' or 'areas requiring further development'.

Objectives are reviewed formally at the MPR, but also should be regularly reviewed and modified as necessary at various stages in the placement by agreement with both supervisor and trainee. Supervisors are advised to help the trainee strike a balance between enough direct clinical experience, other clinical placement activity and ensuring quality in their work through having adequate time for planning, reading and administration. During training, trainees will need to balance preparation for the demands of qualified life and skills in maintaining a reasonable workload with their status as novice clinicians who are acquiring new learning and skills. Trainees are required to maintain a caseload of 6-8 service users or a comparable level of work if some non-client work is being undertaken. Caseload will be monitored at the MPR and informs the supervisor's assessment of a trainee's ability to maintain a reasonable workload.

Psychological Contract

Trainees are also required to complete and submit a psychological contract (link here) which outlines the expectations of the supervisory relationship. Many trainees find this useful as a way of naming values, relevant aspects of identity and discussing power issues.

Contracting Framework

The content of the contract between a trainee and supervisor should reflect the following:

- aims and objectives of the Programme
- plans for adequate observation by and of the trainee
- core experiences for the particular area of work
- the trainee's stage of development
- particular resources and constraints of the placement

The format is designed to elicit specific learning outcomes in each of the key domains specified in the Competency Framework and clearly identify the ways in which these learning outcomes are to be achieved.

Placement Resources and Equipment

All service providing placements are allocated the 'placement tariff' which is designed to allow the placement provider to supply the resources needed to support a trainee on placement. It follows therefore that it is the responsibility of the service to provide the equipment needed to complete the work required on placement including electronic equipment, test materials, appropriate working

space etc. This is also important in relation to client confidentiality and data protection. The exception to this is equipment which is organised through a trainee's individual disability support plan.

Client Confidentiality and Data Protection

Trainees should be careful to operate within local, national and professional guidelines, including the HCPC Guidance on conduct, ethics for students and the General Data Protection Requirements (GDPR).

Clients should never be offered absolute confidentiality but should be given information about the limits of confidentiality in accordance with the service policy. Usually, this explains about supervision arrangements; communication between professionals on a 'need-to-know' basis; and the circumstances in which information would be passed to others without the client's permission (i.e. risk situations).

Written material about clients should always be held in secure storage. Client records should not normally be removed from the service setting and should never be taken home, unless special provisions are made for this, e.g. home visits at the end of the day.

Trainees must be aware that carrying client records from one site to another has implications for their security and on such occasions, must be especially vigilant about risks of theft or loss.

Client information must not be held on personal computers and any work which includes extracts from client sessions (e.g. CCRIs) should never involve using the client's real name, even in a draft version. Care should be taken with memory sticks holding such work. If selling on a PC, trainees must ensure that they have erased any files pertaining to their professional activities, including from the re-cycling bin. Most Trusts now prohibit the use of personal computers/memory sticks for client related information. Client information should not be photographed using personal mobile phones or sent using personal email addresses.

Ideally trainees should undertake all placement work on the PC provided within the NHS service where they are based. If a laptop is brought into work due to scarce resources, the guidelines above should be observed.

Personal Safety on Placement

Early on in a placement, trainees should acquaint themselves with the service's policy on risk assessment and personal safety, including lone working policies. This should also be discussed in supervision and recorded on the placement contract. There are several sessions on risk assessment and management and safe working practices provided during the initial teaching block.
Trainees should not meet with clients in a service setting when no other staff are in the building. They should also be mindful of the accessibility of those staff if there are any concerns about a risk posed by a client.

When home visits are required, preliminary assessment of risk is particularly important and ideally the trainee would be accompanied on the first visit. Services usually have a system for practitioners to ring in to confirm that a visit has been completed, if they are not returning to base afterwards.

Trainees who are uncomfortable with the arrangements for meeting with clients should discuss it with their supervisor in the first instance and can also raise concerns with Programme staff. Clients

may also feel vulnerable in certain situations. Appropriate consideration of the context in which each piece of work takes place serves to protect all parties.

Mid-Placement Reviews (MPR)

The MPR is a formal meeting, arranged towards the middle of the placement with the trainee, supervisor and usually the trainee's personal tutor. If the trainee is on a year-long placement there will only be one MPR at the midpoint. If there are any concerns about placement however outside of these meeting points both the trainee and supervisor should contact a member of the programme team, usually the relevant Clinical Tutor. The purpose of this mid-placement review is:

- To monitor the progress of planned experience as defined in the contract and how the trainee is utilising the learning opportunities of the placement
- To facilitate ongoing trainee self-evaluation and evaluation by their supervisor
- To assist in the development of the supervisory relationship
- To review the incorporation of professional and ethical issues into the supervisory discourse, in accordance with the relevant HCPC and Programme documents
- To offer an opportunity to report any concerns of racism or other discriminatory behaviour or practice
- To identify areas of difficulty and potential solutions/remedial action. To ensure that any possibility of failure is raised and addressed. See also 'Procedure to be followed when a supervisor suspects that the Trainee may fail the Placement' below.

The mid-placement review meeting is conducted within the following broad structure and may take up to about one hour and a half.

A copy of the MPR form can be found here, and agenda can be found here.

Format for the Meeting

- Separate brief meetings with trainee and supervisor (including opportunity to discuss any areas of concern on placement and specifically any experiences of racism or discrimination under the Equalities Act)
- Review of contract and progress towards meeting contract objectives
- Feedback from trainee and supervisor's preliminary meeting; perceptions of trainee's progress to date and expectations of the remainder of the placement, to include discussion on any sections rated as 'requires attention' or 'unsatisfactory' on the previous SAT form
- Reflection on clinical activity as reported in the placement log including service user diversity and the sociodemographic context of the placement
- Brief discussion of one particularly interesting or challenging piece of clinical work and the issues it has raised
- Proposed Clinical Case Related Investigation or Clinical Service Related Investigation. Discuss arrangements including timescales concerning the clinical work that needs to be conducted for the report to be submitted on time
- Discussion of supervision partnership: practical arrangements, the supervisory process, provision of feedback, management of differences or dilemmas, observations opportunities etc.

- Arrangements for mandatory observation, both of, and by, the trainee (2 assessment sessions; 2 intervention sessions; and 2 non-client sessions)
- Consideration of the trainee's strengths and development needs
- Opportunities for working alongside service users to co-produce services examples of service user/carer feedback on trainee performance and opportunity for the trainee involvement in service user/carer co-production of services.
- Issues of poor performance by the trainee and how these will be managed and remediated
- Practicalities, e.g. room availability, administrative support, etc.
- Any other items

It is suggested that trainee and supervisor prepare for the mid-placement review by arranging a preliminary meeting, probably during regular supervision time, to undertake their own review of the placement. The final evaluation form could be used at this stage to determine what levels of competence have been achieved for each item.

The trainee should ensure that an up-to-date copy of their Trainee Logbook is made available to the relevant clinical tutor via the placement administrator, along with a copy of the placement contract, approximately one week before the visit.

Although usually there is only one placement review, other meetings may be arranged on a particular placement as required. Although such additional meetings may relate to addressing difficulties, they may also be provided as additional general support for trainees and supervisors.

During the placement review, the clinical tutor summarises the main points of the meeting in the MPR report form (link here). A copy of this will be sent to the trainee and copied to the supervisor(s).

Guidelines for Supervision (these guidelines draw on those published by the BPS)

Clinical supervisors

The overall responsibilities of a clinical supervisor are:

1. To negotiate placement objectives and plan appropriate clinical experience with their trainee.
2. To take overall clinical responsibility for the work of the trainee within the service in which they are on placement.
3. To evaluate trainees in terms of their performance on placement.
4. To supervise the writing up of clinically related investigations (CCRI or CSRI) investigations (one from each placement).
5. To review progress at the mid placement review, with the trainee and clinical tutor, and at the end of the placement, using the clinical rating forms.

In accordance with both HCPC and BPS requirements, to be eligible to supervise a trainee, the supervisor must:

- Be registered with the HCPC
- Be a qualified Clinical Psychologist, OR appropriately qualified as an Applied Psychologist in a related area (e.g. Health Psychologist; Counselling Psychologist; Forensic Psychologist) OR appropriately qualified in another profession
- Be suitably trained and experienced.

It is the responsibility of the relevant Clinical Tutor to ensure that all supervisors meet the above criteria before they are matched to a trainee.

The Supervision Process

Preparation

Trainees are expected to visit their future supervisor sometime in the month preceding the start of placement.

It is helpful if prior to the first day the supervisor has prepared to ensure that placement experiences are available right from the first day so that valuable time is not lost at the start due to suitable work not being immediately available. However, this should be balanced with adequate time for the trainee to become familiar with the placement and the department and to absorb relevant information.

Supervision Sessions

It is expected that the supervisor and trainee establish a regular weekly time for formal supervision for the duration of the placement. Although the amount of the supervision will vary according to the stage in training and the needs of the trainee, the BPS require a minimum of one hour of formal supervision per week. Whilst this may be provided in a group supervision session, where this is the case there should also be an appropriate amount of individual supervision in addition to group supervision. Trainees should also have reasonable access to their supervisor at other times in the week, and there should be a minimum of three hours total contact between the trainee and supervisor each week.

Both trainees and supervisors are encouraged to adhere as closely as possible to the agreed time allocation for supervision sessions and to protect the space from other intrusions and activities.

Initial Supervision Sessions

The first few meetings between trainee and supervisor are an important stage and might be conceptualised much as we do the assessment phase of therapy; a time to become attuned to one another's experience, identities, knowledge and expectations of the supervisory relationship. Investment in this early phase is likely to be valuable to both trainee and supervisor. It is also a useful time to anticipate some of the dilemmas which could arise in the future and reflect on how each party could best raise them in supervision.

Style of Supervision

This will vary according to the individual trainee and the stage of training. Although a trainee should be encouraged to work with increasing independence as the placement progresses, the supervisor should continue to have an educational as well as a monitoring function throughout the placement.

Observation

Direct observation of a trainee's skills is a key feature of feedback and learning on clinical placements, as is observation of the supervisor's clinical practice. The BPS require that trainees can observe the work of their supervisors, and that supervisors must observe some of the work of trainees. Minimum requirements for observation of, and by, supervisors are now included in the placement contract and are monitored through the MPR. Supervisors are required to observe the trainee on six separate occasions (2 assessment sessions; 2 intervention sessions; and 2 non-client sessions). This may be achieved through a variety of means: joint work, audio or video taped interviews or the use of a one-way screen.

Differences in Orientation

Supervisors may find that they have different interests and a different orientation from the trainee. When this situation arises, tolerance needs to be shown by both sides. The trainee should be encouraged to be open to alternative approaches while a supervisor should be equally open to helping and supporting the trainees with their own interests and style of working (unless there are serious doubts concerning the effectiveness of the approach or potential harm to clients).

Use of Academic Knowledge

Supervisors have a crucial role in contributing to the integration of academic and practice aspects of the Programme. It is important that the supervisor should discuss literature relevant to the clinical work on placement and suggest suitable reading to the trainee. See Guidelines for Supervisors and Trainees on Formal Assessment.

Report Writing and Communication

Trainees should be encouraged to write reports appropriate to the recipient and the supervisor has a major role in encouraging a trainee to develop a clear writing style, providing relevant information while maintaining confidentiality.

All reports and letters must be read and counter-signed by the supervisor.

Entries into clinical records do not need to be counter-signed, unless it is the policy of the particular service. However, supervisors are encouraged to monitor trainees' entries and advise them of the appropriate format in accordance with local service policies and standards, and the British Psychological Society's, Division of Clinical Psychology (2000) publication: Clinical Psychology and Case Notes: on Good Practice.

Relationship Issues

Supervisors should be sensitive to issues that arise for the trainee in relation to clients and staff in the course of their clinical work. These can be discussed in the context of either formal supervision sessions or informal discussion with the supervisor. The role of the supervisor in facilitating personal and professional development is addressed later in this Handbook (see page 20).

Scope of Involvement on Placement

Supervisors should endeavour to involve the trainee in all aspects of their work. In addition to individual and group intervention, trainees should be provided with opportunities for observing/participating in teaching, consultation, supervision, research and in organizational work as appropriate and where available.

In Case of Difficulty on Placement

If difficulties arise on placement which cannot be satisfactorily resolved through discussion with the trainee, the clinical tutor should be contacted to discuss the issues. It may be helpful for the tutor to meet with the supervisor alone, or if appropriate, they may suggest a joint session where concerns could be addressed together, using a similar format to the mid-placement review meeting. See section on procedure to be used when a supervisor suspects that the trainee may fail the placement and the attached flow chart.

For concerns of a more serious nature relating to the provision or quality of supervision, including issues that call into question the conduct or competence of a supervisor, the 'serious concerns' policy, which has been adopted by the three North West Training Programmes should be followed. See: 'Promoting Professional and Ethical Practice'.

Feedback and Records

At the mid placement review, in addition to the provision of feedback on progress, supervisors should raise any points of concern to allow the trainee time to improve. At the end of placement, supervisors should provide full feedback on the trainee's clinical performance. This is summarised on the 'Supervisor's Assessment of Trainee Form' (SAT form).

When providing feedback, the supervisor should try to set aside personal feelings about the trainee. It should be detailed and constructive and designed to help a trainee to develop a range of effective and appropriate clinical and professional skills. Recognition of strengths and progress should not be overlooked, but it is particularly important to feed back any unsatisfactory aspects of a trainee's performance and behaviour. Any such issues must be raised with the trainee at the earliest opportunity, and not held until the end of the placement, to ensure that the trainee has adequate time to address any concerns raised.

The trainee will also complete the TAP form which allows an opportunity for the trainee to comment on the placement experience and supervision received.

Both supervisors and trainees are likely to maintain a written record of supervision sessions and may wish to discuss the format for such notes and how both client and trainee confidentiality is protected.

Clinical Case Related Investigations - Guidelines for Placement Supervisors

It is a Programme requirement that a CCRI, or alternatively a Clinical Service-Related Investigation (CSRI) is submitted after each of the first four placements. Please consult the Assessment section of this Handbook for up-to-date requirements.

This section is to clarify the supervisor's role in supporting the trainee to complete this aspect of their work.

Aims of Clinical Case Related Investigations

The CCRI / CSRI has a dual function. Firstly, it enables an assessment to be made of the trainee's competence in an area of work (e.g. the ability to use theoretical and empirical research in practical clinical contexts). Secondly, it provides an opportunity for learning both in terms of the work that goes into the writing of the CCRI / CSRI and in terms of the feedback the trainee receives from markers.

The Role of the Supervisor

Where required, completion and submission of a CCRI/CSRI will be included as a specific objective in the placement contract. As such, supervisors are asked to monitor and facilitate the trainee's progress in completing their report by the end of the placement. Please note, the supervisor is NOT required, as part of this role, to read or provide feedback on drafts of the report itself, but rather to support the overall process. This includes discussing, at the start of the placement, the trainee's plans and intentions for their report, and ensuring that an appropriate amount of time is made within placement activity for the work to be completed. This also includes making time available during supervision to monitor progress towards the report's completion.

Where a trainee is intending to complete a CCRI, supervisors are asked to facilitate selection of an appropriate case, from the trainee's general caseload, that would meet the requirements of the report to be submitted and would meet the service's requirements with regards to informed consent (see below for further details). Clinical supervision of the case will, of course, take place as part of the regular activity of caseload supervision.

In the case of a CSRI, negotiation will be needed to ensure that the project is practical and feasible, and that any necessary approvals (e.g. with regards to research governance/ethics, including those that might be required either by the service, or by the University) are secured in reasonable time. Most commonly, supervisors will already have ideas for projects (service evaluation/audit) that they would like the trainee to participate in which can be adapted to meet the needs of a CSRI. This enables a mutual benefit for the trainee and the service. See the Research and Assessment sections of this handbook for further information.

Whether the trainee is intending to submit a CCRI or a CSRI, supervisors and trainees are asked to review the relevant guidelines to ensure that the intended piece of work will meet the Programme's requirements. In addition, for CCRIs, trainees are issued with guidance notes on good practice in writing reports, which should be shared with their supervisor.

The Supervisor's Signature

Supervisors are asked to submit a brief contextual summary of the report, commenting on any constraints that the trainee encountered (for example, only having a very limited number of clients to choose from for whatever reason; shortage of time for Clinical Service Related Investigations (CSRIs) caused by project committee requirements). The supervisor's signature on the front sheet of the CCRI / CSRI only signifies that the investigation is 'factually' correct and that the work described was undertaken as reported. It does not imply that the supervisor shares responsibility for the

written work. The CCRI / CSRI remains the trainee's own work. Therefore, in a disagreement over anything other than factual content, the trainee has the final say, and the supervisor is not responsible for the finished product. The mark allocated for the CCRI is therefore an assessment of the standard of the trainee's work and should not be seen as a reflection of the quality of supervision provided.

Client Consent

The Department of Health's Reference Guide to Consent for Examination or Treatment, 2nd edition, 2009 requires that Trusts develop policies and procedures which ensure that patients/clients are fully informed about the care being offered to them, and that their consent to examination and treatment is routinely sought. Trainees should discuss with supervisors how this is implemented in their work with clients, in accordance with local practice.

In the spirit of these developments, and the generally more collaborative quality to health care provision, clinical psychology Programmes have been deliberating about the seeking of consent for client material to be used in coursework such as CCRIs and essays. This would seem to be best practice, although providing there is complete anonymisation it is permissible within the BPS Practice Guidelines Third Edition (2017) to write up such work without seeking the client's specific permission, if there are other safeguards in place (see below).

It is also recognised that obtaining consent is often a complex process and we are concerned to avoid creating unnecessary barriers for trainees in fulfilling Programme requirements. The following general principles should be adopted for all CCRIs excepting the CBT CCRI (other guidance given below):

- **All clients should be <u>informed</u> about the status of trainees, including their general requirement to submit coursework based on their clinical experience.**
    - *Trainees should discuss with supervisors how this is best undertaken with their clients.*
- **Where appropriate, verbal information should be supplemented with written information.** *Clearly this will vary according to the client group, and how information to clients about the service and its practitioners is usually provided.* Guidelines and a sample contract are available in the following document which is available on CANVAS
    - Consent Guidance, client information sheet and sample consent form
- **Trainees must be prepared to explain more fully the nature of their Programme requirements in this respect and discuss with supervisors how to manage the process of obtaining consent for a piece of work, if the client indicates that they would want to give specific permission.**
    - *Consideration should also be given to how a trainee will respond to a client request to read the finished report. The trainee should not agree to any action without first bringing the issue to supervision. If it is considered appropriate, the process for sharing the report should be guided by the Trust procedure for accessing health records.*
- **Whilst specific consent for CCRIs is not required by the Programme, trainees must be <u>scrupulous</u> in anonymising/disguising client details**.
    - *Disguise (i.e. altering details about the client which are not material to the report) provides a higher level of protection of client confidentiality than anonymisation*

alone. This is recommended particularly when e.g. a client's circumstances are relatively unique; or they are themselves a health professional locally.

- **If it is suspected that a client would not have given consent, had they been specifically asked, this piece of work should not be written up.**

End of Placement Assessment & Evaluations

The three North West University Doctorate in Clinical Psychology Programmes share similar placement documentation for both the placement contract and the SAT form.

At the end of placements both the trainee and the placement are evaluated. Assessment of the trainee is undertaken by the supervisor and focuses on the trainee's personal and clinical qualities and competencies. Evaluation of the placement is undertaken by the trainee, including the clinical supervision received.

If a supervisor is uncertain about any section, they should not hesitate to contact the Programme clinical staff for further clarification. The SAT form should be discussed with the trainee at the middle of the placement, and again at the end of the placement when the form is completed. The trainee will, at the same points, be discussing or completing the form for the evaluation of the clinical placement.

At the end of the SAT form the supervisor is requested to provide general comments in several areas. This includes the supervisor's comments and recommendations for future placements, and the kinds of experiences that the trainee would benefit from. We would ask supervisors to make a clear distinction between 'development needs' and 'concerns'. All trainees, at any stage of their training, will have development needs, and will benefit from knowing how their future development as practitioners can be enhanced. The term 'concerns' should only be used where it is felt that, despite available opportunities and support, the trainee's performance is currently falling short of where it should be, considering their stage of training. Where concerns are raised, supervisors are asked to be as specific as possible in describing the nature of those concerns.

On Completion

The SAT form should be given to the trainee so that they have time to read it in advance of discussing it with the supervisor. Having discussed it, the form should be signed by the supervisor and by the trainee. By signing it, the trainee is NOT indicating that they necessarily agree with all the ratings or comments, simply that they have had the opportunity to discuss them. There is space for the trainee to provide their response to the SAT form. Two copies of the form should then be made, one to be retained by the trainee and another by the supervisor, with the original being sent to the Programme Placement Administrator.

To ensure that placements are planned to take account of the particular needs of a trainee, trainees are required to show their next supervisor the SAT form from their previous placement. Therefore, supervisors should ensure that they have completed the form and discussed it with the trainee in sufficient time for this to be achieved.

Guidelines for the Evaluation of Clinical Placements

These guidelines have been prepared to assist trainees to complete the Trainee Assessment of Placement (TAP) form (link here) for the evaluation of their clinical placements. If a trainee is uncertain of their interpretation or feels an issue has arisen to which they do not readily apply, they should not hesitate to contact the clinical tutor for further clarification. The TAP form should be discussed with the supervisor halfway through the placement, and again at the end of the placement when the form is completed. The supervisor will, at the same point, be discussing and completing the form for the assessment of the trainee's clinical skills.

Feedback on Supervision

This section is designed to provide guidance to the Trainee on providing feedback to the supervisor regarding the experiences on placement. These experiences have been selected to correspond to the abilities demonstrated by the trainee that the supervisor will be asked to evaluate. These abilities have been selected because it is considered that they are applicable to work in different specialities and within different theoretical orientations, though, clearly, they do not cover all abilities relevant to every area. This TAP form is to provide feedback to the supervisor regarding the extent to which the trainee has been helped to develop these abilities whilst on placement.

In arriving at a rating, the following points should be considered:

- Supervisors cannot realistically be expected (nor expect themselves) to operate a satisfactory or better level in all areas all the time. Therefore, the use of other columns should not be seen as unusual nor as necessarily implying a negative response to the supervisor's approach as a whole
- The named supervisors may not facilitate/help the development of all these abilities. This role may be fulfilled by other clinical psychologists at the placement. Therefore, it may be helpful to acknowledge if this is the case
- Feedback to be helpful must be clear and constructive. Therefore, when either columns 1 or 2 above are used, indications of why this is so and what might be done to improve the situation should be given in the comment's column
- The comments column should be used as much as possible to indicate why the particular rating was made
- If a trainee feels unable to rate an experience, this and the reasons for it should be indicated in the comments column

Additional Comments

This can be used either to expand on comments previously made or to introduce points not covered in other sections of the form.

Record of Ethical Issues arising on a Placement

This should be used to briefly outline any issues or events falling within the scope of the Programme statement on Ethical Issues: 'Promoting Professional and Ethical Practice'. If any of

the formal pathways to resolution have been evoked, this should be stated. This should include any examples of racist, sexist, homophobic or other discriminatory practice and indicate how any such issues were resolved or further action required.

Recommendations

This relates to how trainees might be facilitated in the development of their abilities whilst on this placement, in relation either to objectives or experiences. The more detailed the recommendations, the more helpful this is likely to be for both the supervisor and future trainees.

On Completion

The form should be given to the supervisor so that they have time to read it in advance of discussing it with the trainee. Having discussed it, the form should be signed by the trainee and by the supervisor. By signing it, the supervisor is not indicating that they necessarily agree with all the ratings or comments, simply that they had the opportunity to discuss them. There is space for the supervisor to provide their response to the TAP form. Two copies of the form should then be made, one to be retained by the trainee, another by the supervisor and the original sent to the Programme Placement Administrator.

Reporting Discrimination or Harassment During Placement

Both Mersey Care and the University of Liverpool have clear policies to address discrimination, bullying and harassment. Reporting racism, homophobia, sexism, discrimination, or harassment due to other protected characteristics can however seem daunting. This can feel especially difficult in the context of power imbalances, established team and workplace dynamics and the relatively short length of time for which trainees are on any one placement.

The programme seeks to encourage a culture of openness in reporting discrimination or harassment. One way in which we aim to do this is through having multiple reporting mechanisms for any of these experiences on placement. It is hoped that by regularly and routinely asking about discrimination that trainees will feel able to voice any concerns. The programme also aims to be transparent in describing how action will be taken in response to any concerns being raised.

Supervisors should outline procedures for promoting dignity and respect at work during trainee induction. Whistleblowing procedures and the placement provider's policies and procedures for addressing racism and discrimination on placement should also be outlined at this stage of placement.

The visiting MPR tutor will routinely ask each trainee at the start of their mid placement review whether they are being impacted negatively by any protected characteristics they hold. This is also routinely explored by the personal tutor at each trainee's interim and annual reviews.

When difficulties arise on placement in the first instance, trainees are encouraged, if possible, to raise any issues with their placement supervisor. Placement supervisors will be familiar with their local bullying and harassment policies and procedures and should be able to address the complaint most effectively.

Where it is not possible to speak with the supervisor, trainees may need to seek support from the relevant clinical tutor to consider how to address the issues. It may also be appropriate to involve the Clinical Director, for example if the serious concerns policy needs to be followed.

All NHS services also have 'Freedom to Speak Up' champions who can be contacted by trainees and whistleblowing procedures, which supervisors should share with trainees at induction. For Mersey Care the details can be found here.

Trade union representatives and organisations or the Guild of Students can provide another source of support and avenue through which to raise issues.

Trainees can also use the University of Liverpool's Report+Support Scheme to access support or report difficulties although this is designed for incidents or events on campus.

Any instances of discrimination or harassment on placement and associated actions will be monitored by the programme team through the quarterly integrative review meeting. They will also be fed-back anonymously to the clinical subgroup and via this to the Board of Examiners. Trainees have representation at the clinical subgroup.

Procedure to be Followed When a Supervisor Suspects that the Trainee May Fail the Placement

The procedure detailed below attempts to ensure that an appropriate grade is recommended when there is doubt about a trainee's clinical or professional competence. It is hoped that trainees will feel protected from the possibility of an idiosyncratic decision being made about their competence. Equally importantly, it is hoped that supervisors will feel supported in the event of having to make a difficult decision.

As soon as a supervisor becomes aware that the trainee with him or her may fail the placement, they should inform the clinical tutor. It would obviously be desirable if some indication of the degree of concern held by the supervisor would be given at the mid-placement visit. However, if this is not possible, the supervisor should inform the trainee and the clinical tutor as soon as he or she becomes aware of doubts about the trainee's competence or professional practice. At that stage, the trainee should be clearly and specifically informed of what the supervisor's concerns are and what they need to do to make sufficient improvement to pass the placement. This information should then be written down and a copy given to the clinical tutor. If this occurs at the mid placement review, it can be recorded on the review form by the clinical tutor.

In some instances, the supervisor, trainee and clinical tutor may meet to identify specific difficulties impeding the trainee's progress on their placement and look towards resolving these. In exceptional circumstances (for example, prolonged sickness), the placement may be cancelled or wound up at this stage, with a view to rearranging the necessary experiences at a future date.

The next stage occurs at the end of placement evaluation (usually in the final fortnight or week). Firstly, the supervisor and trainee should fill out the forms for (a) Supervisor's Assessment of Trainee and (b) the Assessment of the Clinical Placement, respectively. They should then seek to discuss these. This must happen prior to the Programme director and clinical director's involvement. The Programme director and clinical director will then see the trainee and supervisor individually to discuss the assessments, and will, together with the supervisor, decide what overall grade to assign to the trainee.

The following step-by-step action plan has been drawn up to clarify the procedure and to act as a quick reference guide.

1. Supervisor contacts clinical tutor involved with the placement to discuss concerns.
2. Supervisor informs trainee and together they make a plan of what the trainee needs to do to make sufficient improvement to be able to pass the placement.
3. Supervisor sends a copy of this plan to the clinical tutor/clinical director.
4. Both (2) and (3) can be done as part of the mid-placement visit, or as part of a separate meeting.
5. The supervisor, trainee and clinical tutor engage in problem solving meeting(s) to sort out specific difficulties arising.
6. The clinical tutor arranges appointments for the supervisor and trainee to meet with them and the Programme director at the end of the placement. If not already involved, the clinical director should also be present.
7. During the final week of the placement, the supervisor and trainee complete the Supervisor's Assessment of Trainee Form without assigning an overall grade and the Clinical Placement Assessment Form respectively.
8. The supervisor and trainee meet to discuss these.
9. The clinical director and Programme director meet the trainee, who should bring 3 completed copies of both the Supervisor's Assessment of Trainee Form and the Clinical Placement Assessment Form to that meeting. The trainee may bring their Training Mentor or delegate to the meeting.
10. The clinical director and Programme director meet the supervisor to discuss both forms.
11. The clinical director, Programme director and supervisor decide on an appropriate grade to assign to the trainee.
12. The clinical director, Programme director and supervisor then see the trainee to inform them of the assigned grade and the implications of this.

Where there are significant concerns about a trainee's well-being or conduct, trainees may be referred to the 'Fitness to Practice' panel within the University of Liverpool. Further information on Fitness to Practise can be found here.

Personal & Professional Development and Supervision

The Programme is concerned to ensure that all trainees are provided with the opportunity to achieve an adequate level of self-awareness by the end of their training. However, issues and ideas addressed in teaching are likely to become more live in the context of placements, and supervision is therefore viewed as a further central dimension of PPD.

The Supervisor Training Programme aims to guide supervisors in addressing issues relating to PPD, where there can be uncertainty about what is appropriate material for supervision sessions. Whilst the focus of supervision should be primarily on the trainee's clients, it should also be a place where a new practitioner can express uncertainty and anxieties about their role and explore the emotional impact of their work. Aspects of the Trainee and Supervisor's personal identities and experiences may be highly salient to clinical work, for example 'race,' sexual orientation, disability, or other protected characteristics, and there should be space and time given to these in supervision. This should not be seen as simply supporting a trainee (although that is a perfectly worthy intention) but as part of their general development as a practitioner and member of the profession. Supervisors may find the objectives above helpful in highlighting areas which may

sometimes be appropriately addressed in supervision, as well as through a range of other opportunities available on placements.

Clearly supervision should not be used as an alternative to personal therapy. However, the boundary between this, and appropriate reflection on the interface between our professional and personal lives, is generally evident to both supervisors and trainees.

Sources of Support During Training

Academic Advisor (Personal Tutor) Scheme

Each trainee is allocated an academic advisor, who will be a member of the Programme team. Trainees and academic advisors meet twice yearly, generally in the period between placements, to review general progress and set individual objectives for the next six months. One key purpose of these meetings is to promote continuity between placement experience by focussing on the trainee's general development within the Standards of Proficiency and the competency framework. All areas of training are discussed as a means of monitoring progress, identifying development needs and systematically constructing a programme of placement experience across the three years of training. Trainees complete an Annual Review form summarising the content of the meeting. The academic advisor is also available to the trainee as and when required for more general support and advice.

Buddy Scheme

All new first year trainees are linked up with a 'buddy' or trainee from an existing cohort who is able to act as an informal guide at a peer level to the programme.

Training Mentor Scheme

We have an opt in scheme where a trainee can apply to be allocated a Mentor. This will be a clinical psychologist, working in the NHS and independently of the Programme, who acts as a guide and supporter. This individual relationship has been highly valued by many trainees as the relationship is confidential and has no evaluative dimension. All local clinical psychologists are invited to offer themselves for the role.

The exact nature of Mentor relationships will remain open to individual needs and preferences, but broad guidelines are provided to both parties.

Personal Therapy

The DClin programme, as an NHS funded training scheme cannot fund private therapy for trainees but will advise on the most suitable places to access NHS support.

Counselling Services

Trainees are entitled to access counselling/ therapeutic services and can do this without reference to anyone involved in the training Programme:

1. **Liverpool University Student Counselling Service**
   Based at 14 Oxford Street (opposite the Sports Centre but entered at the rear of the building) http://www.liv.ac.uk/studentsupport/counselling/
   Tel: 0151 794 3304 or email: counserv@liv.ac.uk to arrange an appointment

2. **Mersey Care Staff Support Service**
   Appointments can be arranged by telephoning 0151 330 8103

Equality, Diversity and Inclusion Support Networks

Mersey Care Staff Support Networks

Mersey Care have several different established staff networks that meet regularly to support, promote and advance equality in the workplace. These are open to trainees. Staff networks include the Ability First Network, the Dyslexia and Dyspraxia Support Network, the Multi Ethnic Colleagues Network, the LGBT+ Staff Network and the Women's Staff Network. Details of each of the groups can be found here.

University of Liverpool Staff and Postgraduate Support Networks

The Black, Asian & Minority Ethnic Staff Network aims to promote race equality through direct active involvement and consultation on policies and guidance and providing support guidance and signposting. It can be accessed here.

The Disabled Staff Network is a forum for consultation and discussion of University policy affecting University staff with regard to disability issues, raising awareness of disability issues, networking and providing support to disabled staff across the University. The network is open to all University staff with an interest in disability issues and a link to this can be found here.

The University's LGBT+ Network is open to all staff and postgraduates, including trainees, within the University who identify as LGBT, queer, questioning, ace, non-binary and all others who identify as being a member of a minority with respect to sexuality and/or gender. The group can be contacted via email at lgbt@liverpool.ac.uk. Further information on this network can be found here.

The University of Liverpool's Trans and Nonbinary Peer Support Network is also open to postgraduate students. The group can be contacted via email at peersupport@liverpool.ac.uk.

Further information on University equality networks please click here.

Employee Procedures and Conduct

Attendance

Trainees are salaried members of NHS staff and are paid at Band 6 for the duration of their training. As a result, trainees are accountable for their time at work and attendance at all activities of the programme is compulsory unless leave has been requested. Unauthorised absence will be treated as misconduct. Absences are monitored closely by the programme and reports are submitted to the employing authority, Mersey Care NHS Foundation Trust. For teaching taking place, face-to-face, on the university campus, trainees are required to sign the attendance register on arrival at the university on all teaching days. When trainees apply for employment or further study in their final year, references from the programme, including details of absence will be requested by their new employer.

Leave

It is essential that the whereabouts of trainees are always known to Programme staff during the working week. This is due to needing to know information for NHS absence monitoring and payroll. Failure to report sickness absence, and the taking of annual or study leave without approval of the relevant Programme staff will be treated as misconduct. Please follow the guidelines below:

Annual Leave

Taking annual leave is an important aspect of self-care and trainees are encouraged to use their annual leave for rest and restoration.

1. As NHS employees, trainees are entitled to 27 days annual leave plus 8 bank holidays. It is your responsibility to let the Clinical Director know if you have worked in the NHS for over 5 or 10 years and are entitled to enhanced leave
2. Unless in exceptional circumstances, only two consecutive calendar weeks, and three calendar weeks/15 days in total, may be taken as annual leave during any one placement
3. Trainees are expected to spread their annual leave proportionately across, placement, research and private study time, and to also spread it over the year to accommodate placement and Programme activity
4. Annual leave must be applied for **in advance** and must be approved by both the placement supervisor and clinical director. The form must be e-mailed to the University and approval given by e-mail.
5. Private study/research days **must** be taken as annual leave if the time is not being used for research or study purposes. Trainees should not be working during periods of annual leave. If a Trainee requests a week of annual leave this should include the relevant study and research days. Trainees should not intersperse study or research time into leave which is designed for rest and to maintain well-being.
6. Trainees are encouraged to use their leave allocation in each year. Trainees cannot be reimbursed financially for leave unused at the end of the training period.
7. Current Mersey Care policy is that this is not possible to carry over unused leave without exceptional circumstances (usually long-term illness, absence or service issues that have made it impossible to take leave).

Please see the academic section of the handbook in relation to annual leave during academic teaching, which is not permitted.

Study Leave

Private study time and research days are built into the Programme and do not normally need approving separately.

There are two exceptions to this both relating to additional research time, details of this are included in the Research section of this handbook.

Sickness Leave

When sickness leave is required:

1. Trainees must ensure that both the placement **and** the University are informed as early as possible on the first day of absence. Trainees must inform their clinical supervisor, their academic advisor and the student experience team. They must also inform their research year lead if their absence falls on a research day.
2. Thereafter both the placement and the University must be regularly updated on any continuing absence. On return to placement the University must be informed
3. For up to 3 days of sickness, no certificate is required
4. For 4-7 days sickness, the relevant self-certification form (Mersey Care Sickness Absence form) should be completed on return to work and submitted to the University within 7 days
5. If more than 7 days of absence occurs, a doctor's note must be forwarded to the University and renewed if the period of illness continues. A return-to-work date should be stated, and trainees should not return to work before that date
6. Exceptionally, an extended period of illness may require a placement to be repeated or extended
7. In line with Mersey Care Policy, trainees must plan to see their academic advisor for a return-to-work interview following any episode of sickness (even one day). This should be done as soon as possible to ensure that you are fit to resume work. Following sickness absence, it is the responsibility of the trainee to contact and arrange a 'return to work' interview with their academic advisor.
8. Trainees are subject to the Mersey Care stages of sickness and should be familiar with the Mersey Care 'Supporting Health and Wellbeing (Attendance) Policy' which is on CANVAS.

Leave for Family Reasons

As employees of Mersey Care, trainees may be granted paid leave to respond to the unexpected immediate needs of those who are close to/dependent upon them. Such situations may include the death of a relative; illness or accidents in children or other dependents; an unforeseeable breakdown in child-care arrangements etc. Such leave should again be negotiated with the Clinical Director. The period of leave will normally be limited to a maximum of 5 days in a 12-month period. A copy of the HR04 Special Leave Policy (V5) can be found here.

Mandatory training/DBS (Disclosure & Barring Service)/Electronic Staff Record (ESR)

Trainees should ensure that their mandatory training, subscription to the DBS service and details on ESR are kept up to date.

Social Media Use

Trainees should be aware that as Mersey Care has a clear policy on the use of social media platforms, including but not limited to: Facebook, WhatsApp and LinkedIn (social networking), Twitter/X (micro-blogging), YouTube, Tik Tok and Instagram (Photo and video content sharing sites).

Posts must not contain anything contrary to the Trust's equality and inclusion policy. Anything containing racist, sexist, homophobic, sexually explicit, threatening, abusive, disrespectful or other unlawful comments must not be published. Trainees should avoid posts or comments which bring the trust into disrepute or disclose identifiable information.

Mersey Care policy is that use of personal devices to access social media sites should be limited to allocated break times. Trainees should note that this applies to social media use during teaching sessions.

Mersey Care Emails

Trainee's dual status as both students at the University of Liverpool and Mersey Care employees is reflected in provision of both a University email account and a Mersey Care NHS Foundation Trust email account. Trainees are expected to check their Mersey Care email account on a weekly basis (unless on approved leave). This is to ensure they are aware of any updates relating to clinical practice or to their employment as a Mersey Care staff member.

Trainees should always follow Mersey Care policy with reference to their email use. Please see the Mersey Care Internet and Email Security Standard which details employee responsibilities for safe and non-discriminatory practice online. Accessing of abusive or offensive material, including sites that may constitute unlawful discrimination on the grounds of race, disability or gender, is not permitted. Such actions will be regarded as gross misconduct by the host trust.