CANTERBURY CHRIST CHURCH UNIVERSITY

Doctorate in Clinical Psychology

EVALUATION OF CLINICAL/PROFESSIONAL COMPETENCE FORM (ECC)

# *Trainee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Coordinating supervisor’s name(s):*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Additional supervisor’s name(s):*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Description of the placement:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Dates of the placement:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Number of days on placement:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**What can be counted as a placement day:**

If trainees are required or obtain permission to attend course meetings or conferences on placement days they can normally still be counted as placement days. Study and annual leave do not count as placement days.

In the case of sickness the first three days of a period of sick leave on a maximum of two occasions in a six month placement can be counted as placement days. For the longer first year placement, the first three days of a period of sick leave may be counted on a maximum of three occasions. Emergency leave days (e.g. for caring responsibilities) may also be counted as placement days in this way as well but must be included with any sick days so that together the maximum limits of the allowance outlined above are not exceeded. The number of such days included in the total should be indicated for monitoring purposes.

**EXPERIENCE GAINED ON PLACEMENT**

Please record here any special features of the placement, contextual issues or unusual experiences gained which it may be important to consider when reading this form.

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| --- |
|  |

SECTION A: RECORD OF DIRECT OBSERVATION OF TRAINEE’S WORK

It is essential that trainees be directly observed by their supervisor(s) [and receive feedback on such observation] on EACH placement during training in order for their clinical competence to be accurately assessed. Observation can be done in a variety of ways, including: joint work; observation using audio or video; transcripts or process notes, etc.

Trainees should receive a minimum 25 observations over 3 years of which a minimum of 10 in Year 1; 10 in Year 2; and 5 in Year 3. Please record all observations of trainees in work on placement below.

|  |  |  |
| --- | --- | --- |
|  | ***Number of Assessment Sessions Observed*** | ***Number of Intervention Sessions Observed*** |
| ***Direct Observation of Trainee’s Work (sitting in or using one-way screen)*** |  |  |
| ***Sessions undertaken jointly by Supervisor and Trainee*** |  |  |
| ***Observation using audio or video recording*** |  |  |
| ***Transcripts / Detailed Process Notes*** |  |  |

**Observation of model specific competencies:**

|  |  |  |
| --- | --- | --- |
| ***Model(s) used on this placement (may be single model work or part of broader psychological approach or adapted to service user group)*** | ***Competencies observed and rated?******Yes/ No*** | ***Feedback given and discussed in supervision?******Yes / No*** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| *Please comment on the trainee’s openness to direct observation and review of their work through the use of observation. Please comment on the use made of such observation and what was learned as a result.**Please also summarise any key competencies which the trainee has had opportunities to develop in any specific therapeutic model/s with reference to competence frameworks where these are available*: <https://www.canterbury.ac.uk/science-engineering-and-social-sciences/salomons-institute-for-applied-psychology/programmes/doctorate-in-clinical-psychology/resources.aspx> |

SECTION B: RATINGS OF THE TRAINEE’S COMPETENCE AND SKILLS

For each of area of competence, please rate their level of competence for their stage in training as Pass, Referral or Fail, using the Clinical Competence Marking Criteria as guidance. Qualitative feedback and comments are optional provided the competence has been rated as a Pass.

1. **Working relationships**

Please rate the trainee’s ability to facilitate and maintain safe working alliances with service users, carers, groups and staff and to manage challenging situations in those relationships. .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give overall rating for*  ***working relationships****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

**2 Psychological Assessment**

Please rate the trainee’s ability to design and conduct, or to select, administer and interpret assessments (including risk assessment). These may include standardised neuropsychological and psychometric tests as well as idiosyncratic assessments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give an overall rating for* ***assessment****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

**3 Psychological formulation**

Please rate the trainee’s ability to develop and use formulations, to prepare an action plan, and to reformulate in the light of further information*.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give an overall rating for* ***formulation****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

**4 Psychological interventions**

Please rate the trainee’s ability to make theory-practice links and adapt interventions within differing theoretical models to individual needs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give an overall rating for* ***interventions****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

**5 Evaluation and quality improvement work**

Please rate the trainee’s ability to evaluate their own clinical practice, to conduct appropriate research and use departmental evaluation and auditing procedures, to be critically appraise research literature relevant to their clinical work, and use research skills appropriately in their work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give an overall rating for* ***evaluation and quality improvement****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

**6 Communication and Teaching**

Please rate the trainee’s ability to design communications (written and oral, formal and informal) that are appropriate to the audience, carry them out in a manner that is both timely and accessible, and to monitor their effectiveness.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give an overall rating for* ***communication and teaching****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

**7 Organisational and systems influence and leadership**

Please rate the trainee’s knowledge of the organisational setting, ability to work collaboratively with other professionals and colleagues, and contribution to influencing psychological thinking in services and about developments, for instance, through co-working, provision of supervision and consultation, initiating, co-ordinating or leading on a development.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give an overall rating for* ***organisational/systems influence and leadership work****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

**8 Personal and professional skills and values**

Please rate the trainee’s professional attitude and behaviour, including their awareness of power and socio-political issues, risk, and their ability to work within the HCPC Code of Conduct and Guidance on Conduct and Ethics for Students, underpinned by NHS values.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give an overall rating for* ***personal/professional skills and values****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

**9 Reflective practice**

Please rate the trainee’s ability to demonstrate an active and continuous commitment to developing their self-knowledge and interpersonal awareness as it relates to their practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give an overall rating for* ***reflective practice****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

**10 Use of supervision**

Please rate the trainee’s ability to prepare effectively, engage in and respond to the supervision process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please give an overall rating for* ***use of supervision****: (Please circle)* | ***N/A*** | ***Pass*** | ***Referral*** | ***Fail*** |
| ***Comments on particular strengths or developmental needs (optional if rated Pass):*** |

# SECTION C – EVALUATION BY USERS

**Service user evaluation:** (Appendix 1)

Please comment on the process of selecting and obtaining feedback from a client. Comment on the content of the feedback and how the trainee responded to this.

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|  |

# SECTION D: SUPERVISOR’S OVERALL RECOMMENDATION

Please give your overall rating for the trainee’s clinical competence on this placement.

Trainees who have passed all competencies (including those with developmental needs) or have received a referral on ONE competency should be rated “Pass”.

Trainees who have been given a referral on TWO areas of competence should be rated “Referral”. (N.B. Competencies referred on the previous placement can only be rated as pass or fail.)

Trainees who have either been rated referral on THREE or more areas of competence or fail on at least one area of competence should be rated “Fail”. (N.B. Competencies failed on the previous placement, or any competencies on a repeat placement, can only be rated as pass or fail.)

**Supervisor’s overall recommendation:**please circle appropriate rating

|  |  |  |
| --- | --- | --- |
| ***Pass*** | ***Referral******(not an option for final placement)*** | ***Fail*** |

|  |  |
| --- | --- |
| **Supervisor’s Signature:** |  |
| **Date:** |  |

# SECTION E: TRAINEE COMMENTS

Please comment on your view of your learning on placement and the feedback given on this form by your supervisor. Please note, it is expected that this section of the form is completed after discussion and completion of ECC form up to this point, including the supervisor's signature.

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| --- |
|  |

|  |  |
| --- | --- |
| **Trainee’s Signature:** |  |
| **Supervisor’s Signature:** |  |

***SECTION F: INFORMATION FOR NEXT SUPERVISOR***

***(not to be completed on final placement)***

Trainee: ………………………… Placement: ………………………………………..

*In discussion with the trainee, please complete the following summary of the trainee’s development on your placement for their next supervisor.*

|  |
| --- |
| ***Areas of most significant development:*** |

|  |
| --- |
| Most challenging aspects of work on this placement:  |

|  |
| --- |
| ***Most important areas to continue working on and significant gaps in experience:*** |

***If any competencies have been rated as Referral or Fail,*** *please specify below so that the next supervisor knows that these can only receive a “pass” or “fail” on their placement. Details can be provided in the boxes above.*

|  |
| --- |
| 1. 2.3. |

**Appendix to ECC Form: Further information about competencies, professional standards and regulation to help in assessment of trainee competencies**

The competency headings that we use in the ECC form are based on the core competencies specified in the BPS [*Accreditation Through Partnership* documentation](https://www.bps.org.uk/our-members/accreditation) (2015). Programmes must demonstrate they support and assess the development of these competencies. In addition, programmes must prepare trainees to achieve the [HCPC Standards of Proficiency](https://www.hcpc-uk.org/standards/standards-of-proficiency/) (SoPs) required for registration as a Clinical Psychologist. Each of these Standards of Proficiency can be mapped onto one or more of the BPS competency headings. They provide further detail about what the competencies are expected to include in practice. We have therefore provided a list of some of the relevant SOPs below. When rating your trainee on a specific competency, you may find it helpful to refer the examples that describe the elements of that competence.

Below we have listed the core competencies, and followed each one with examples of the relevant HCPC (2015) Standards of Proficiency (and their reference numbers) that trainees need to meet under supervision.

1. **Therapeutic relationships**

Example SoPs:

|  |  |
| --- | --- |
| 6 | Be able to practise in a non-discriminatory manner |
| 7.1 | Understand the importance of and be able to maintain confidentiality, & be aware of limits of the concept of confidentiality |
| 2.6 | Understand the importance of and be able to obtain informed consent |
| 9.5-9.6 | Understand the dynamic present in relationships between service user and practitioners, be able to initiate, develop and end a service user-practitioner relationship |
| 9.1 | Be able to work, where appropriate, in partnership with service users, other professionals, support staff and others |

1. **Psychological assessment**

Example SoPs:

|  |  |
| --- | --- |
| 14.15 | Be able to choose and use a broad range of psychological assessment methods, appropriate to the service user, environment and type of intervention likely to be required |
| 14.17 | Be able to use formal assessment procedures and other structured methods of assessment |
| 14.34 | Be able to assess social context and organisational characteristics |
| 14.20 | Be able to critically evaluate risks and their implications |
| BPS | Be able to undertake neuropsychological and cognitive testing as appropriate |

1. **Psychological formulation**

Example SoPs:

|  |  |
| --- | --- |
| 14.19 | To be able to analyse and critically evaluate information collected |
| 14.5 | To be able to formulate specific and appropriate management plans including the setting of timescales |
| 14.7 | Be able to use psychological formulations to plan appropriate interventions that take the service user’s perspective into account |
| 13 | Understand the key concepts of the knowledge base relevant to their profession, e.g.:* 13.9 Understand theories and evidence concerning psychological development and psychological difficulties across the lifespan and their assessment and remediation
* 13.11 Understand more than one evidence-based model of formal psychological therapy
 |

1. **Psychological intervention**

Example SoPs:

|  |  |
| --- | --- |
| 14 | Be able to draw on the appropriate knowledge and skills in order to inform practice, e.g.:* 14.10 Be able to make informed judgements on complex issues in the absence of complete information
* 14.1 Be able to apply psychology across a variety of different contexts using a range of evidence-based and theoretical models, frameworks, and psychological paradigms
 |
| 14.3 | Be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully, e.g.:* 14.38 Be able, on the basis of psychological formulation, to implement psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the service user
* 14.2 Be able to adapt practice as needed to take account of new developments or changing contexts
 |

1. **Evaluation and quality improvement**

Example SoPs

|  |  |
| --- | --- |
| 14.22 | Be able to use research, reasoning and problem solving skills to determine appropriate actions, e.g. |
| 14.24 | recognise the value of research to the critical evaluation of practice |
| 12 | Be able to assure the quality of their practice, e.g.* 12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
* 12.8 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
* 12.1 be able to engage in evidence-based and evidence-informed practice, evaluate practice systematically and participate in audit procedures
 |

1. **Communication and teaching**

Example SoPs

|  |  |
| --- | --- |
| 8.1 | Be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to colleagues, service users, colleagues and others e.g. * 8.5 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status
* 8.7 be able to select the appropriate means for communicating feedback to service users
* 8.8 be able to provide psychological opinion and advice in formal settings, as appropriate
 |
| 9.8 | Be able to plan, design and deliver teaching and training which takes into account the needs and goals of participants |
| 8.11 | Be able to summarise and present complex ideas in an appropriate form |

1. **Organisational and systems influence and leadership**

Example SoPs

|  |  |
| --- | --- |
| 9.7 | Be able to contribute effectively to work undertaken as part of a multidisciplinary team (including |
| 9.2 | understanding the need to build and sustain professional relationships as both an independent practitioner and collaboratively as part of a team) |
| 13.6 | Understand the role of the clinical psychologist across a range of settings and services |
| 8.14 | Be able to use formulations to assist multi-professional communication and understanding  |
| 13.8 | Understand application of consultation models to service-delivery and practice including the role of leadership and group processes |
| 11.4 | Understand models of supervision and their contribution to practice |
| 14.40 | Be able to promote awareness of the actual and potential contribution of psychological services  |
| 14.41 | Be able to evaluate and respond to organisational and service delivery changes, Including the provision of consultation  |
| 12.8 | Recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and quality improvement programmes  |

1. **Personal and professional skills and values**

Example SoPs

|  |  |
| --- | --- |
| 2 | Be able to practise within the legal and ethical boundaries of their profession |
| 2.7 | Be able to exercise a professional duty of care |
| 3 | Be able to maintain fitness to practise e.g. 3.4, manage the physical, psychological and emotional impact of their practice, |
| 4 | Be able to practise as an autonomous professional, exercising their own professional judgement |
| 14.6 | Be able to manage resources to meet timescales and agreed project objectives |
| 1 | Understand the need to practise safely and effectively within their scope of practice |
| 10 | Be able to maintain records appropriately |
| NHS | Practise in accordance with NHS constitution and values |

1. **Reflective practice**

Example SoPs

|  |  |
| --- | --- |
| 11.3 | Be able to reflect critically on their practice and consider alternative ways of working |
| 11.1 | Understand the value of reflection on practice and the need to record the outcome of such reflection |
| 5.1 | Understand the impact of differences such as gender, sexuality, ethnicity, culture, religion and age on wellbeing and behaviour |
| 14.11 | Be able to work effectively whilst holding alternative competing explanations in mind |
| 3.3 | Understand both the need to keep skills and knowledge up to date and the importance of career-long learning |
| 3.4 | Be able to manage the physical, psychological and emotional impact of their practice |
| 12.2 | Be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care |

1. **Use of supervision**

Example SoPs

|  |  |
| --- | --- |
| 4.6 | Understand the importance of participation in training, supervision and mentoring |
| 12.8 | Recognise the need to monitor and evaluate the quality of practice |
| 11.4 | Understand models of supervision and their contribution to practice |
| 11.3 | Be able to reflect critically on their practice and consider alternative ways of working |

***A note about model specific competencies, the ECC Form and Practice Learning Portfolio***

The HCPC does not focus on proficiencies for model-specific competencies, but says that clinical psychologists must:

* 14.37 Understand therapeutic techniques and processes as applied when working with a range of individuals in distress
* 14.39 Be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy, including the use of cognitive behavioural therapy

There is no specific summative rating of individual model-specific competencies on the ECC Form. However, the trainee’s development of them is likely to contribute to the supervisor’s ratings of the core competencies (e.g. Assessment, Intervention).

However, observation and discussion of model-specific competencies is expected through supervision, and formative comment on the trainee’s progress in this area should be documented in section A of the ECC form. Such discussion may not only inform the supervisor’s summative rating of core competencies as suggested above, but also inform the trainee’s completion of the model-specific competency development log in their Practice Learning Portfolio, kept cumulatively over the course of their training. The supervisor for each placement should sign and date this log at the end of the placement, subsequent to and based on observation and discussion of the trainee’s model-specific competencies during the placement.

The Practice Learning Portfolio provides condensed model-specific competency frameworks, anchored in established frameworks. The regulatory professional therapy organisations have developed their own competence frameworks. For CBT, Systemic and Psychodynamic frameworks, see the well-established CORE competence frameworks found at: <https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks> For links to condensed guidance on the following model competencies: CBT, Systemic, Psychodynamic, CAT, Community and Critical Psychology, and Leadership.

[https://www.canterbury.ac.uk/science-engineering-and-social-sciences/salomons-institute-for-applied-psychology/programmes/doctorate-in-clinical-psychology/resources.aspx](http://www.canterbury.ac.uk/social-and-applied-sciences/salomons-centre-for-applied-psychology/programmes/doctorate-in-clinical-psychology/resources.aspx%20)