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psychological society
promoting excellence in psychology

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Guidance for BPS accredited clinical psychology professional doctorate programmes in relation to the Covid-19 outbreak

INTRODUCTION

In such unprecedented and challenging times we recognise the need to remain agile and flexible to support the NHS, its education partners and their trainees in continuing to provide professional doctorate training programmes. This document is intended to serve as a guide to accredited psychology practitioner programmes which have been affected by the Covid-19 pandemic. It has been prepared in collaboration and consultation with the BPS Committee on Training in Clinical Psychology (CTCP) with input from colleagues from the Group of Trainers in Clinical Psychology (GTiCP).

The advice and guidance contained herein updates guidance supplied in the previous document and supersedes that. It will be reviewed in 6 months in recognition of the continued uncertainty and ongoing feedback from programmes regarding barriers to meeting the current accreditation standards. As the current pandemic situation continues to be in flux and may rapidly change in light of local or national contingencies we recommend you stay alert for regular updates. (important note: in line with recent communications, all Covid -19 guidance pertaining to fast track reasonable adjustments will continue to be permitted for the current academic session 2020/2021).

We expect that programmes will follow current NHS and UK government guidance, the UK Quality Assurance Agency Quality Code, HCPC guidance and also their own university's regulations, policies and advice on teaching and learning at distance, placement attendance and assessment.

This document should also be read in conjunction with local NHS and HEI policies and procedures as well as national updates from bodies such as NHSE and HEE.

This document offers guidance on how courses can enable trainees to develop and demonstrate competencies as defined in the accreditation standards with a flexibility that recognises the current public health emergency; to maintain continuity as far as possible, and is intended to advise on interim measures while the public health emergency continues.

GUIDANCE

The flexibility being proposed relates to how training is delivered, and competencies acquired rather than a dilution of the competencies themselves. Similarly, that trainees are still expected to gain the range of experience outlined in the standards, but the methods may vary on what would traditionally have been the case.

This document is also based on the expectation that duty of care, safe practice and protection of the public and trainees are paramount, and that any flexibility employed as a temporary measure is regarding the timeframe and methods of training. We are not reducing or changing any of our standards.

In the spirit of a 'no-detriment' policy, programmes will endeavour to minimise the impact of Covid-19 on individual assessment and progression wherever possible, but exceptions cannot be made to the requirements of professional regulation or course accreditation.

We expect that programmes and services will support trainees' wellbeing in the circumstances.

It is recognised that all of the BPS accredited programmes across the four nations will be experiencing the impact of the outbreak and specific issues will be dealt with on a case-by-case basis, in collaboration with specific stakeholders within particular national contexts.

BPS ACCREDITATION STANDARDS IN RELATION TO COVID-19 OUTBREAK

AREA	GUIDANCE
Research	<p>We recognise that during the current situation that trainees at various points of their programme may have difficulties with carrying out research related activities such as:</p> <ul style="list-style-type: none"> recruitment difficulties within NHS services for projects that are reliant upon face to face participation. data collection, either due to their own circumstances during the government imposed restrictions or due to a lack of available participants. <p>We therefore advise programmes to offer flexible and alternative arrangements during this time. This could include:</p> <ul style="list-style-type: none"> Providers supporting trainees who were due to undertake projects that would have required face to face recruitment to consider alternative means of recruitment and provide support to change the scope of their projects to allow research competences to be achieved. Trainees conducting research that requires NHS ethics approval should liaise with their supervisors and Programme Research Leads, to appraise themselves of the most up to date information from the Health Research Authority in England and in the Devolved Administrations regarding the processing of applications. Recruitment strategies for Doctoral research should explore digital and online methods of participant recruitment, including the advantages of these methods. Where possible, proposals should include explicit contingency plans, e.g. considering utilising secondary data sets, for alternative studies or means of recruitment. We recommend Research Leads/Directors for Programmes should adapt research teaching to make explicit reference to the various means of recruitment as part of the research curriculum, in line with the critical scientist practitioner approach. Ethical consideration of online recruitment should be addressed with trainees adopting such methods, and as appropriate, Programmes may wish to refer to the British Psychological Society (2017) <i>Ethics Guidelines for Internet-mediated Research</i>, INF206/04.2017. Where trainees' research recruitment has been adversely affected by Covid-19, Programmes may wish to consult with their External Examiners to discuss how a trainee can present their data at viva and include a commentary on how their data collection and analysis plans have been affected by the current pandemic circumstances. By doing so, trainees can still be examined on their research competence in real world circumstance

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Research	<ul style="list-style-type: none"> • The focus of vivas, to assess research competency, should remain appropriately flexible to accommodate ongoing circumstances. However, there is no reduction in standards of assessment of research competency, in the context that competent researchers should be able to justify approaches to data handling and analysis due to circumstances outside their control. • Programmes are encouraged to consider a broader scope of projects, which still have clinical relevance, to allow flexibility for those who potentially may not have access to what would traditionally be considered clinically relevant within the scope of psychology. <p>All of the above adjustments are acceptable to the BPS without need for formal sign-off beyond that required at local level. That said, providers should be clear in recording the adjustments made and also clear in explaining the adjustment to the trainees.</p>
Clinical contact hours	<p>Programmes are encouraged to continue to consider alternative ways for trainees to meet this aspect of the standard. This may include telephone and video contact.</p> <p>Programmes are encouraged to continue to support alternative ways of working, in line with local NHS and University COVID Risk Management Guidelines. Trainees are encouraged to continue to keep careful and comprehensive records of the activities they undertake during this time, and programmes are encouraged to consider how this is being done consistently across the year groups, e.g. competency logs, alternative clinical activity logs etc.</p> <p>As new ways of clinical contact and placement supervision are being established (video-conference meetings and MDTs, video and tele-therapy and more recently consideration of returning to face to face work with PPE and/or screens) trainees and their supervisors should consider the implications of this at the start of placement when planning goals, understanding that this way of working could be in place for some months to come.</p> <p>Where it is not possible to access specific types of experience (e.g. direct administration of neuropsychological testing), or where practice-based work is hindered by other issues programmes should seek to provide 'aligned activities', e.g. teaching based group activities, clinical seminar discussions, practice based workshops, and other alternative experiences that will enable the trainee to build the competencies and skills.</p>
Assessment	<p>Where necessary, alternative assessments should be put in place, this can include the use of virtual and video technology. Care should be taken to ensure that the outcomes assessed as per the standards are mapped against the new assessments.</p> <p>The BPS DCP Digital Healthcare Sub-Committee have produced guidance on digital competencies. This may be accessed via the following link www.digitalhealthskills.com</p>
Teaching/ delivery of academic programme	<p>It is expected that most programmes will continue to utilise virtual technology to either deliver the entire teaching programme, or as part of a blended-learning approach, and that this will vary between HEIs. Where face to face teaching is possible, it is also recognised that social distancing measures will impact on this. Guidance from individual HEIs should be adhered to when delivering teaching via virtual technology.</p> <p>It is important for programmes to attend to the impact of remote delivery on group cohesion and implement strategies to support cohesion / informal contact / ice-breaking with new and ongoing trainees.</p> <p>In light of the current Covid-19 virus outbreaks, many universities are applying blanket adjustments that are intended to mitigate the impact of the virus outbreak on PGR students (PhD/ MPhil). While in the main, many of these adjustments will be supportive and welcome such as remote vivas etc., there may be unintended consequences for those delivering Commissioned Professional Doctorates who work to very constrained timescales. Our drive is to ensure the NHS continues to have the skilled workforce it needs without delay. As such we recommend that where PGR adjustments are being discussed for PGR/PGT students, the following statement is adopted:</p>

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Teaching/ delivery of academic programme	<i>For trainees studying for a professional doctorate in Psychology, different arrangements for progression may apply and the [name of individual Programme e.g. DClinPsy team] will contact you separately about necessary adjustments as they apply.</i>
Staff Student Ratio	<p>As a part of the compliance to The Society's accreditation standards the Staff Student Ratio is continually monitored by the Partnership and Accreditation Team using The Society's SSR Data Capture Tool.</p> <p>In the context of the recent 25 percent increase in training places commissioned on professional doctoral programmes in Clinical Psychology, alongside the current financial pressures within the higher education sector, there have been concerns that the capacity of programmes to maintain the staff student ratio at 1:10 may be threatened.</p> <p>The position of The Society and the BPS Committee on Training in Clinical Psychology (CTCP) is that the staff student ratio must be maintained at 1:10. The SSR is a key element of the accreditation standards, which underpins both safeguarding and the maintenance of training standards. The 1:10 SSR is essential for the implementation of those training standards, for quality assurance, the protection of programme staff and trainees, and ultimately for protection of the public.</p> <p>If any programme drifts outside the required standard of 1:10 staff-student ratio then they will be asked to produce an action plan to remedy the situation. The action plan will need to be submitted immediately and implemented within the agreed time frame. Any failure to implement the action plan within the agreed timeline will automatically put a programme into stage one withdrawal of their accreditation.</p>
Supervised practice	<p>These continue to be challenging times and we accept the need for increased flexibility. However the standard for primary supervision remains, and all trainees should continue to be supervised by a supervisor who meets the accreditation standard requirements. That said, it is also accepted that some aspects of supervision relating to specific tasks in specific services (particularly for those who may be deployed to work elsewhere) may be undertaken by other appropriately qualified colleagues from other disciplines. However, overall supervision responsibility and duty of care remains with the primary placement supervisor.</p>
Trainee wellbeing	<p>It is acknowledged that there will be a diverse range of experiences of the pandemic amongst trainees. We recognise that structural inequalities impact on this range of experiences and that there are specific risks/impact for trainees from BAME backgrounds. We also recognise trainees with carer responsibilities/parents of children may experience increased challenges in maintaining well-being during this time. It is important for programmes to recognise and attend to the impact of the pandemic on individual trainee well-being and to have clear and specific processes in place to support all trainees through this period. This information should be easily and widely accessible to the trainee groups and locality supervisors.</p> <p>We recognise that locality supervisors are managing their own service pressures and changes to service delivery and work patterns, and that placement based trainee support may require ongoing connections to the programme. We encourage programmes to continue to support supervisor colleagues, with a particular focus on supporting trainee competency and wellbeing needs during these circumstances.</p> <p>Where trainees are engaging in face-to-face practice, either on placement or attending their HEI, all relevant risk assessments should be in place to ensure safe working environments. These risk assessments should follow HEI and NHS Trust policies as appropriate.</p>

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Leave of absence	<p>Consideration should be made by programmes as to how they will manage trainee absence due to illness and self-isolation or caring responsibilities in line with standard university regulations, placement contracts and policies of the employing NHS Trust.</p> <p>Where students are unwell and unable to proceed with their studies, the standard protocols for managing absence should be met. For those self-isolating, the reasonable adjustments suggested within this document should allow almost all to continue with their progression in a meaningful manner.</p> <p>Where possible, interruptions during this time should not be used unless the standard criteria for this are met. At this point we would suggest that having to self-isolate does not form a basis for interruption and programmes should explore ways to restructure their teaching if necessary to provide opportunities for trainees to continue to work towards completion. This is in recognition that interruptions have implications for suspension of salary during this time and other employment benefits.</p> <p>In the scenario that trainees do require extensions beyond their end date, Health Education England have committed to supporting this. For programmes across the other nations, providers are encouraged to contact their local commissioning bodies to explore the impact that potential extensions may have.</p>
Support for programmes	<p>Programmes will be supported to maintain and complete the qualification process in line with NHSE directives, so we can contribute to the population and workforce well-being by graduating our trainees. As such, we will continue to provide ongoing consultation to programmes wanting to find creative solutions for the continued competency development of their trainees to meet the timetable for qualification with input from the relevant training committees, specialist groups and divisions.</p> <p>Any amendments or reconfigurations to how trainees are meeting their competencies by the end of training during this period will not negatively impact on their salaries, banding or ability to practise in the NHS.</p>



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St Andrews House,
48 Princess Road East,
Leicester LE1 7DR, UK

☎ 0116 254 9568 🌐 www.bps.org.uk ✉ info@bps.org.uk