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ASSOCIATION OF CLINICAL PSYCHOLOGISTS

## GUIDANCE

# DClinPsych Training and Covid-19

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Contributions from:

- ACP-UK Trainee Representatives Committee
- BPS DCP Minorities Subcommittee
- BPS DCP Pre-qualification Group Committee
- BPS Group of Trainers in Clinical Psychology

## GUIDING PRINCIPLES

With any concerns, please seek the support of your placement supervisors, personal tutor or course directors, or follow other university systems for raising concerns.

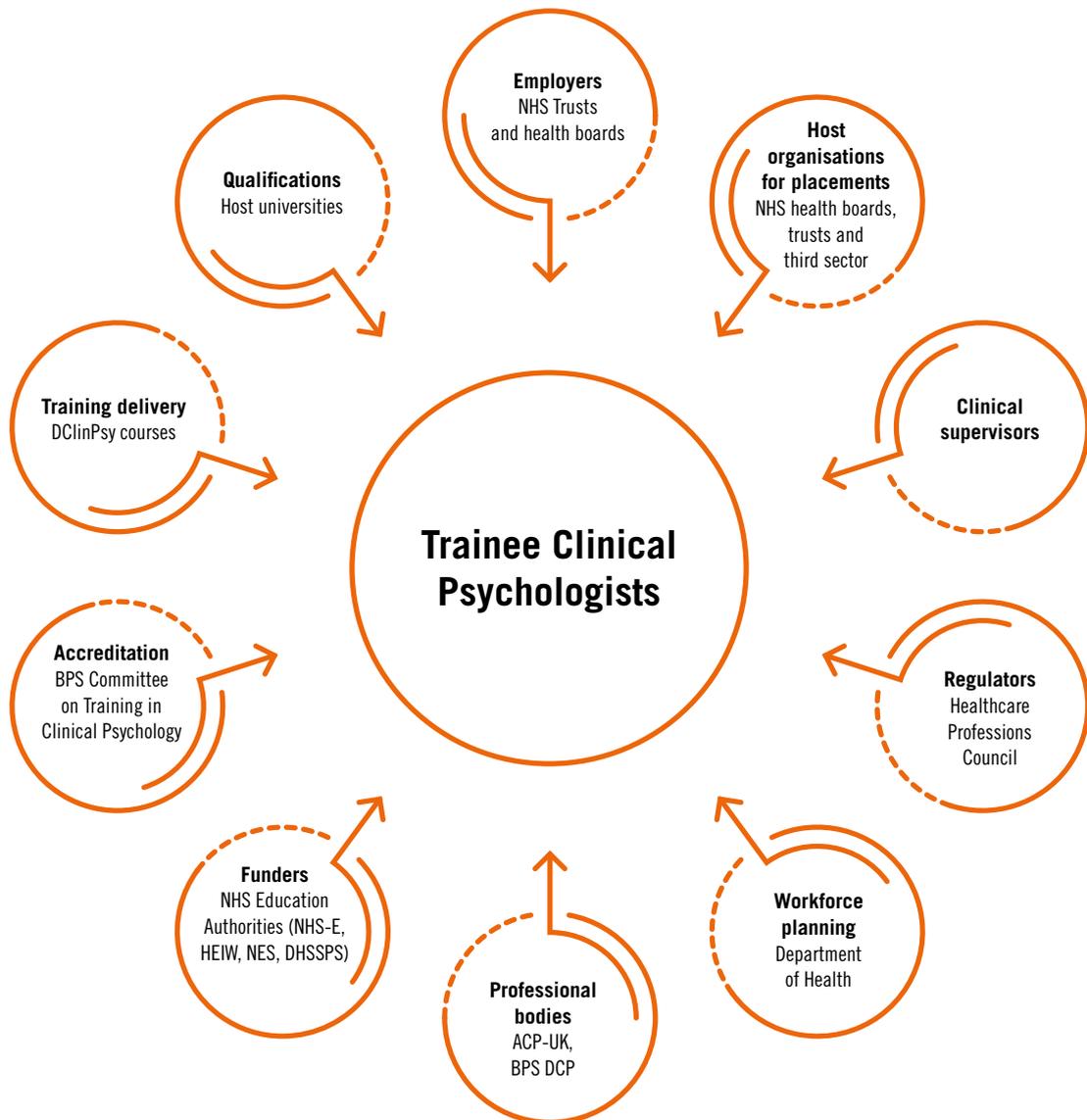
During this time of stress and uncertainty, ensure you understand the facts and guidance related to your training, utilise the resources below to support you.

Be compassionate to the people we work with and systems we work within, as well as yourself.

Part of taking care of yourself during this time is to consider the role of psychologists within the current context, and the reflective spaces and skills that we are privileged to have as a profession.

In a joint statement, the British Psychological Society Division of Clinical Psychology (BPS, DCP), Association of Clinical Psychologists UK (ACP-UK) and Group of Trainers in Clinical Psychology (GTiCP) wish to answer a range of questions raised by trainee clinical psychologists through the trainee representatives within their organisations. The Committee for Training in Clinical Psychology (CTCP) have issued accreditation guidance to DClinPsych courses on assessment, research, teaching, learning, and practice in the Covid-19 crisis<sup>1</sup>. We are working together to think of ways trainee clinical psychologists can continue to obtain their competencies to assure a future psychological workforce, which will be much needed following this crisis. In considering the phases of psychological response, there is a strong rationale for utilising trainee and qualified clinical psychologists' skills in multiple contexts, now and in the future<sup>2,3,4,5</sup>.

GUIDANCE

**FIGURE 1: REPRESENTING THE STAKEHOLDERS INVESTED IN CLINICAL PSYCHOLOGY TRAINING**

It is important to recognise that there are a significant number of stakeholders invested in clinical psychology training (see Figure 1). It is a great advantage to have such a range of invested stakeholders and demonstrates the quality, importance, and respect afforded to our training. Whilst it is a strength, it does mean that it is difficult to develop consistency in individuals' experiences of training. There is good reason for this individual variation as it is important that systems are responsive to their geographical, service, and contextual needs. As such, it is not always possible for us to provide answers to some of the concerns raised by trainees at all stages of training during the Covid-19 pandemic, and why there is a need to defer to individual DClInPsy courses for specifics.

It is also important to recognise that an individual's context will lead to variation in their training. We are working alongside the BPS DCP Minorities Subgroup and collaborating with main stakeholders in thinking how best to support individuals in the Covid-19 context. We are particularly mindful of specific minority groups who may be experiencing additional pressures during this period. Specific and individualised accommodations will need to be considered for individuals who are at high risk of developing complications related to Covid-19. These should be considered collaboratively between trainee, the university and placement. However, attention

to confidentiality issues should also be paid and information should be shared according to the trainee's needs and Trust policies. Special consideration will need to be taken when considering supporting the safety of staff, whilst also being sensitive to confidential health disclosures and the right of employees to not disclose health information (see Equality Act, 2010). For further information regarding health and disability regulations, please see your Trust's, the HCPC's and the NHS's policies on disability and health and also policies for diversity and inclusivity.

Additional pressures that may incur for those who are high risk may be around taking extended isolation precautions, adapting working patterns to accommodate for additional time taken for cleaning, acquiring food/ essentials in isolation and the potential strain on an individual's physical health in conducting these tasks amongst others. It is important to acknowledge how these factors may potentially impact on disability issues for the individual. Not all individuals who are at high risk will be known to occupational health or will have previously disclosed their difficulties to their employers. Some individuals may not hold a confirmed physical health diagnosis, and so may not be fully aware whether they are in the at-risk category. Consideration should be taken for individuals with such concerns.

Other groups that may be experiencing indirect risks and adversity are those who identify as having a mental health difficulty, those who are carers, parents, those who are economically disadvantaged. Furthermore, individuals from other minority backgrounds (such as BAME, minority faiths or LGBT) may be experiencing heightened and/or skewed stigma or discrimination during this period which may impact their working routines. Individual challenges and solutions should be discussed with the training university and placement, as per the trainee's preferences. There has been a slack page set up by BPS DCP Minorities Subgroup to offer a community space to any psychologist, trainee or aspiring psychologist during this period (and beyond).

## TEACHING

### WHAT IS HAPPENING WITH TEACHING AND ASSESSMENT?

Courses are working hard to ensure teaching will continue through virtual learning environments. The modality of teaching will vary depending on course infrastructure and size. Smaller courses are able to deliver teaching through cohort-wide video delivery; however, experiential sessions or role play style teaching may be more problematic for larger cohorts.. Some courses have been affected by staffing and teacher/facilitator shortages due to Covid-19 and are working hard to accommodate but cannot currently deliver teaching as planned. Accommodations are being made for this, including the delivery of reading materials for independent learning. For trainees in first and second year, it may be possible to mitigate for missed teaching in future years of training. Although this is not ideal, alongside other adjustments and top-up sessions, it will be sufficient to ensure trainees in all years meet the requirements for accredited qualification and registration.

Assessment practice is impacted by both university, Health and Care Professionals Council (HCPC) and CTCP regulation and standards. This will mean that assessment accommodations will vary across courses. Generally, assessments will not be delayed, to avoid delays in graduation and qualification, but they will sometimes be adapted in their format. For example, where clinical cases were not completed due to Covid-19, case studies may be required to be written up in part. Instead of documenting the intervention, the case study write-up may have a larger theoretical element explaining what the next appropriate steps taken would have been, should you have completed your intervention. There may be exceptions to this, where certain assessments need to be delayed in order to ensure they meet the university, HCPC, and CTCP standards. The GTiCP

is meeting frequently with other key stakeholders during this crisis to share ideas about adaptations to training, as well as many other issues, including discussions about best practice in assessment and ideas about reasonable adjustments made to assessments. It may take time for these adjustments to be communicated to trainees by programme staff, some will need to be discussed at GTiCP and ratified both within the programme, and at a higher university level.

### WHAT IF MY THESIS IS DELAYED?

Several trainees have raised concerns about being unable to recruit for their intended thesis or being unable to plan for their thesis during this time. Trainees are encouraged to have viability conversations with their research supervisors. For those that have not started recruitment yet or are relatively early in the process of recruitment, you are encouraged to consider adapting your current project, so it is viable without face to face contact (telephone, online data collection, videoconferencing, etc.). Both university and NHS Research Ethics Committees (RECs) are still meeting and are generally found to be responsive to the current situation. NHS REC are understandably, currently prioritising research review for projects directly related to the crisis. If possible, it would be advisable to adjust yet-to-be-approved or amended project protocols so that they may be processed through university RECs. Those trainees who have started to collect data but who are now unable to continue will need to have conversations with their course research team to see if they can meet the standard of the DClinPsych research component through an adapted route. The CTCP has given advice that the viva process should be flexible to accommodate the current circumstances within the local regulations for the university. Candidates should be prepared to discuss the interruption of their data collection in the current context and justify their decisions around subsequent data handling in their viva and write up<sup>1</sup>.

For those who are yet to plan their DClinPsych research, or whose research project is no longer viable, there are many options. The current climate is primed for the requirement to evaluate current and innovative practice; both in adapted existing services and novel Covid-19 services. There is flexibility in thinking about practice-based evidence and evidence-based practice for thesis development. The scope of acceptable projects has been broadened and projects that were traditionally considered to be out of the range of clinical psychology research may now be acceptable<sup>1</sup>. The use of secondary data, existing data sets and data within OpenScience repositories is another option but Trainees should ensure that a sufficient level of data analysis is viable to meet doctoral standards.

## PLACEMENTS AND CLINICAL PRACTICE

### HOW WILL THIS AFFECT PLACEMENTS GENERALLY?

With any placement considerations, ensure that you are speaking with your clinical tutor and personal tutor about any concerns you may have which relate specifically to your allocated NHS Trust/health board, placement or supervisor. There are many avenues for raising concerns to ensure that trainees are being appropriately supported and working within their clinical competence. Utilise placement contracts to ensure you can outline your training needs appropriately within this period.

There is a current transition period for several programmes where trainees are changing to their next placement. However, for many trainees, the pandemic has resulted in an expected placement being withdrawn, and for some remaining on their six-month placement for a further six months. Given the knowledge and experience you have gained over the course of this placement, we encourage you to reflect on how you can support the team to adapt to changes in services and utilise your skills differently. Equally, many trainees may find that they are not

completing work within their placement that would align with the expected competencies for this period of training. This is an opportunity for trainees to show their capability and flexibility in adapting, demonstrating leadership and service development competencies typically expected within third year placements. There are a number of key skills that can be utilised during this period, given appropriate structure and supervision. Please see the strategy document produced by ACP-UK<sup>6</sup>.

Trainees should keep careful and comprehensive records of the activity they are conducting during this time and should make a particular note of activities that relate to clinical contact hours. There are opportunities to build on the meta-competencies of clinical psychology training and reflect on our position, both as trainees and as a clinical psychology profession, within the current context. For example: collaborating with service users and carers, and other relevant stakeholders, in advancing psychological initiatives, such as interventions and research; making informed judgments on complex issues in specialist fields, often in the absence of complete information; exercising personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional practice; and demonstrating self-awareness and sensitivity, and working as a reflective practitioner within ethical and professional practice frameworks..

### **WHAT ADVICE IS THERE FOR TRAINEES WHO ARE STILL GOING PHYSICALLY TO PLACEMENTS?**

We acknowledge there is a lot of variation between the experiences that trainees are having, with expectations of placements. As above, the number of stakeholders involved with DClinPsych training results in a variety of experiences, both across and within NHS Trusts. For trainees who are being asked to go in to placement, please follow the local Trust guidance available and ensure the correct personal protective equipment (PPE) is available where it is necessary to be face to face with service users. NHSE and Public Health England have provided a number of helpful resources, particularly in relation to appropriate use of PPE. It is important to have a discussion with your placement supervisor to ensure you have an appropriate work plan in place regarding working hours, mode of transport, reporting sickness and risk assessment of face to face contact with service users. Where there is not appropriate PPE available or you have other concerns about practice within placement, please raise these concerns with your supervisor, or with your personal and clinical tutors at your university.

### **WHAT ADVICE IS THERE FOR WORKING REMOTELY FOR PLACEMENT?**

As many trainees are currently experiencing, a placement may occur entirely remotely. This can be a challenge to balance the clinical work, supervision, and working relationships within the placement team. Guidance has been created to consider the use of technology when working remotely, both for therapeutic purposes and more generally for psychological professionals<sup>7,8</sup>. A more general guidance has also recently been released by the Psychological Professionals Network (PPN) about remote delivery of services. With all placement related concerns, it is essential that supervisors are providing appropriate supervision to their trainees, in line with normal supervision guidelines, and considering the impact of this occurring remotely.

Whilst it is difficult for everyone to process how much this period is impacting us all in such a multitude of ways, we want to acknowledge how hard it is to accept that training may be finished without the expected clinical experiences. It may be unavoidable for people to qualify without having worked in the clinical settings that they had originally hoped for, however all stakeholders are focused on ensuring that training can adapt during such an extraordinary time, with minimal disruptions. We invite a position of compassion for ourselves and others at this time of crises. This includes consideration for supervisors and course tutors who themselves are working through a time of extreme uncertainty and stress, and whom may be redeployed within their clinical work.

## BROADER TRAINING/QUALIFICATION

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### WHAT IS HAPPENING WITH QUALIFYING WITH COMPLETED COMPETENCIES?

Training courses and NHS education authorities (NHS HEE, HEIW, NES, and DHSSPS) are determined to ensure the longer-term needs and qualification of trainees are not compromised during this time to assure a future psychological workforce. Clinical psychologists are recognised as valuable within the psychological professionals' workforce within the NHS, therefore the main aim is to ensure qualification happens within the planned timeframe. The guidance for DClinPsych courses around adaptations to training ensures that competencies are met, and accreditation continues on time<sup>1</sup>. The most pertinent statement in relation to qualification from the above guidance is:

'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 practice in the NHS.'

At present, the funding for training remains protected for the foreseeable future<sup>9</sup>. We understand that third year trainees will be in a position to begin considering employment options after finishing training, and the current situation may be increasing anxiety about this process. We encourage trainees to consider that there may inevitably be a slower recruitment process than usual within the NHS due to a focus on recruitment into frontline roles and staff sickness within recruitment teams. We will continually review this situation and welcome feedback about trainee's recruitment experience to inform how we support you appropriately.

### WHAT IF I NEED TO HAVE TIME OFF FROM TRAINING BECAUSE OF MY HEALTH OR CARING RESPONSIBILITIES DURING THIS PERIOD?

As always, trainee health and wellbeing, as well as that of their families, is a key priority. Whilst it is important that delays to training are minimised to ensure the sustainment of the psychological workforce, there may be an understandable, increased incidence of trainees having to take time away from training due to health or caring responsibilities. Trainee clinical psychologists are considered key workers and should be supported to utilise the structures in place to support them as needed (childcare, etc.); however, there will likely be an increase in situations where a trainee's fitness to practice or caring responsibilities mean they have time off from training, potentially delaying their qualification. Although the conditions around competency attainment have been adjusted to be more flexible to allow competencies to be acquired in the current crisis, avoiding delays to qualification, the competency standards still must be met to ensure competent and safe clinical psychology practice. If you find yourself in a position where you need to take time out of training due to fitness to practice reasons or because of caring responsibilities, you should discuss progression plans with your course tutors. Prior to the current crisis, existing structures and contingency plans were in situ for these scenarios and delays in qualification will be negotiated on a case by case basis with individual's courses and commissioning bodies, based on the individual's situation. All stakeholders are invested in the continuation of trainee clinical psychologist training and ultimate qualification.

### HOW IS THE CURRENT SITUATION IMPACTING ON SELECTION FOR 2020/2021 TRAINEES?

Courses have moved to virtual interviews and are intending to run these as close to the original selection as possible. There is an anticipation that changes may occur for courses who interview later in the year, if there are staff/interviewee sickness. Courses who interviewed early in the process are sharing learning from interview feedback (from interviewees and selection staff) to ensure that those yet to interview can benefit from lessons learned.

We have aimed to frame this document in line with the recent guidance that have been referenced throughout. This is relevant at time of publication and may be subject to revision as the circumstances of the pandemic evolve. Should this be the case, we will review this document.

## GLOSSARY OF TERMS

<b>ACP UK</b>	Association of Clinical Psychologists
<b>BPS</b>	British Psychological Society
<b>CTCP</b>	Committee for Training in Clinical Psychology (sits within BPS)
<b>DCP</b>	Division of Clinical Psychology (sits within BPS)
<b>DHSSPS</b>	Department of Health, Social Services and Public Safety (Ireland)
<b>GTiCP</b>	Group of Trainers in Clinical Psychology (sits within BPS)
<b>HEE</b>	Higher Education England
<b>HEIW</b>	Health Education and Improvement Wales
<b>HPCPC</b>	Health and Care Professionals Council
<b>NES</b>	NHS Education for Scotland
<b>NHSE</b>	National Health Service England

## REFERENCES

- British Psychological Society (2020). *Guidance for BPS accredited clinical psychology professional doctorate programmes in relation to the Covid-19 outbreak*. Leicester: Author. Retrieved from [www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Guidance%20for%20accredited%20clinical%20psychology%20professional%20doctorate%20programmes.pdf](http://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Guidance%20for%20accredited%20clinical%20psychology%20professional%20doctorate%20programmes.pdf)
- Association of Clinical Psychologists UK (2020). *ACP-UK rapid response: Guidance for clinical psychologists in mitigating the impact of Covid-19 at work*. UK: Author. Retrieved from [www.acpuk.org.uk/cp\\_guidance\\_covid-19](http://www.acpuk.org.uk/cp_guidance_covid-19)
- Association of Clinical Psychologists UK (2020). *ACP-UK statement: A role for clinical psychology in supporting public health and well-being from Covid-19 threat*. UK: Author. Retrieved from [www.acpuk.org.uk/covid\\_19](http://www.acpuk.org.uk/covid_19)
- British Psychological Society (2020). *Guidance for psychological professionals during the Covid-19 pandemic*. Leicester: Author. Retrieved from [www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Guidance%20for%20Psychological%20Professionals%20during%20Covid-19.pdf](http://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Guidance%20for%20Psychological%20Professionals%20during%20Covid-19.pdf)
- British Psychological Society (2020). *The psychological needs of healthcare staff as a result of the Coronavirus pandemic*. Leicester: Author. Retrieved from [www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf](http://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf)
- Association of Clinical Psychologists UK (2020). *Covid response strategy for scope of trainee clinical psychologist practice*. UK: Author. Retrieved from [www.acpuk.org.uk/wp-content/uploads/2020/04/COVID-Trainee-Response-Planning-and-Strategy.pdf](http://www.acpuk.org.uk/wp-content/uploads/2020/04/COVID-Trainee-Response-Planning-and-Strategy.pdf)
- Association of Clinical Psychologists UK (2020). *Advice for remote working in clinical psychology*. UK: Author. Retrieved from [www.acpuk.org.uk/remote\\_working](http://www.acpuk.org.uk/remote_working)
- DCP Digital Healthcare Sub-committee (2020). *Effective therapy via video: Top tips*. Leicester: British Psychological Society. Retrieved from [www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Effective%20therapy%20via%20video%20-%20top%20tips.pdf](http://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Effective%20therapy%20via%20video%20-%20top%20tips.pdf)
- Higher Education England (23 January 2020). *Clinical psychologist education funding review*. Retrieved from [www.hee.nhs.uk/news-blogs-events/news/clinical-psychologist-education-funding-review](http://www.hee.nhs.uk/news-blogs-events/news/clinical-psychologist-education-funding-review)

## USEFUL RESOURCES

British Psychological Society (2010). *Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision*. Leicester: Author. Retrieved from [www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Guidelines%20on%20clinical%20supervision.pdf](http://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Guidelines%20on%20clinical%20supervision.pdf)

Psychological Professional Network (2020). *Remote delivery of services: Guidance for the psychological professions in England during the Covid-19 pandemic*. Manchester: Author. Retrieved from [www.ppn.nhs.uk/resources/ppn-publications/33-covid-19-remote-delivery-guidance/file](http://www.ppn.nhs.uk/resources/ppn-publications/33-covid-19-remote-delivery-guidance/file)



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