THE UNIVERSITY of EDINBURGH

NHS SCOTLAND

UNIVERSITY OF EDINBURGH / NHS SCOTLAND
CLINICAL PSYCHOLOGY TRAINING PROGRAMME

Doctorate in Clinical Psychology Programme Handbook 2026 / 2027

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If you require this document or any of the internal University of Edinburgh online resources mentioned in this document in an alternative format please contact Tim Abbot on tim.abbot@ed.ac.uk or 0131 650 3869

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SECTION 1 – PROGRAMME ORGANISATION

1.1 Core Purpose

The core purpose of the University of Edinburgh / NHS (Scotland) Doctorate in Clinical Psychology (DClinPsychol) Training Programme is to train Clinical Psychologists by developing the range of competences necessary to become eligible for the award of the doctoral degree, and to apply for chartered status within the British Psychological Society and to the Health and Care Professionals Council (HCPC) for registration as a Practitioner Psychologist/ Clinical Psychologist. The Programme provides sufficient experiences to equip trainees with the knowledge, skills and core values of the profession to work effectively within different health and social care settings with a range of clients using various psychological interventions. A central organising principle is that training is designed so that graduates are equipped to ensure that meeting the needs of service users, and protection of the public, is central to their practice.

The Doctorate in Clinical Psychology is offered on a full-time basis only.

Competent trainees will be able to fulfil the following functions:

- Apply psychological knowledge, skills and values to clinical problems; that is, trainees will be able to assess, formulate, evaluate and solve problems using a range of psychological theories and knowledge;
- Apply knowledge of the different areas of clinical psychology to form a basis for working in any of the current applied fields of clinical psychology;
- Have practical, clinical and research skills, knowledge and values that will enable them to pursue a career in any area of clinical psychology and with clients from a diverse range of backgrounds and in academic, health or community settings.
- To be skilled at communicating effectively with clients, and with staff from other disciplines and to work within multi-disciplinary teams as a clinician, supervisor or consultant;
- Be skilled in the knowledge and values required to work effectively with clients from a variety of cultural and ethnic backgrounds;
- Understand the social context within which psychological problems may develop, and how environments may be modified in an attempt to ameliorate problems;
- Understand the need for regular evaluation of their work, be skilled in self-reflection and self-awareness, understanding the need for continuing professional development after qualification.

1.2. Core Philosophy

The core philosophy of the Programme is to facilitate the development of reflective scientist-practitioners. We want our trainees to become highly competent practitioners and researchers using psychological interventions across a variety of settings. Teaching and supervision are provided in both clinical work and research, covering a range of approaches. The psychological therapies programme includes training to a high standard in Cognitive Behavioural Therapy and systemic approaches; we also include and

encourage the use of a range of other approaches including behavioural, interpersonal, and psychodynamic approaches. Trainees will experience working with a range of client groups. Priority is given to developing an awareness of professional, ethical and service issues in the delivery of clinical psychology interventions. Our training community is committed to challenging inequality, highlighting its impact and promoting anti-racism, equality, diversity and inclusivity. The Programme is committed to keeping up to date with recent advances and incorporating these within academic teaching, research activity and clinical placements.

Trainees will graduate with competence in the key areas defined by the HCPC Standards of Proficiency for practitioner psychologists.

The HCPC Standards of Proficiency specify that registrant practitioner psychologists must:

1. Be able to practise safely and effectively within their scope of practice
2. Be able to practise within the legal and ethical boundaries of their profession
3. Be able to look after their health and well-being, seeking appropriate support where necessary
4. Be able to practise as an autonomous professional, exercising their own professional judgement
5. Be able to recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner
6. Understand the importance of and be able to maintain confidentiality
7. Be able to communicate effectively
8. Be able to work appropriately with others
9. Be able to maintain records appropriately
10. Be able to reflect on and review their practice
11. Be able to assure the quality of their practice
12. Understand and apply the key concepts of the knowledge base relevant to their profession
13. Be able to draw on appropriate knowledge and skills to inform practice
14. Establish and maintain a safe practice environment
15. Promote health and prevent ill health

Trainees are also required to adhere to the Health and Care Professions' Council's (HCPC) Standards of Conduct, Performance and Ethics. Trainees should read the Guidance on Conduct and Ethics for Students (2024) to know what this means for you. In summary, the guidance states that:

Students should:

1. promote and protect the interests of service users and carers;
2. communicate appropriately and effectively;
3. work within the limits of their knowledge and skills;
4. delegate appropriately;
5. respect confidentiality;
6. manage risk;
7. report concerns about safety;
8. be open when things go wrong;
9. be honest and trustworthy; and

10. keep records of their work with service users and carers.

The DClinPsychol programme has been accredited by the British Psychological Society (BPS). The BPS Standards for the accreditation of Doctoral programmes in clinical psychology specify the intentions for the core training of a clinical psychologist as follows:

1. Postgraduate professional training program of a minimum of three years full time, doctoral level training.
2. Promotes transferable skills applicable across diverse health and social care contexts
3. Training includes working with children, adults, families, and various specific groups (e.g., people with intellectual disabilities, older people, people with chronic conditions)
4. Capable of using multiple therapy models and working in various settings
5. Competent in psychological assessment, intervention, formulation, and evaluation
6. Training involves Cognitive Behavioural Therapy and at least one other clinical model, with expertise in a range of models and principles also encouraged.
7. Utilizes doctoral-level knowledge to design and improve care systems
8. Leads in evidence-based practices, service evaluations, and conducting research
9. Addresses health inequalities and enhances services through innovative research
10. Trained to critically engage with and contribute to research
11. Focus on collaborative and co-productive practices
12. Emphasizes the integration of practice-based evidence and reflective practice
13. Provides solutions in multiple settings (e.g., NHS, social care, third sector)
14. Clinical Psychology is part of a broader family of psychological professions
15. Often taking training, supervision, consultancy and leadership roles with other health and social care professionals.
16. Recognizes the need for ongoing attention to equality, equity, diversity, and inclusivity
17. Adapts training content to be culturally relevant and inclusive
18. Aims to overcome structural barriers in the profession and enhance accessibility and equity in training

The BPS programme standards also specify nine core competencies which we organise our programme around:

1. Generalisable meta-competencies
2. Psychological assessment
3. Psychological formulation
4. Psychological intervention
5. Evaluation
6. Research
7. Personal and professional skills and values
8. Communication and teaching
9. Organisational and systemic influence and leadership

Trainees are also required to adhere to the British Psychological Society's (BPS) Practice Guidelines – (2017).

A particular strength of the Programme lies in the diverse expertise of the members of staff, both academic and NHS, and in the research and clinical interests being pursued.

The academic part of the Programme is based in the University of Edinburgh, so that trainees have ready access to research expertise in a centre of academic excellence. For the majority of their clinical placements, trainees are linked to particular clinical bases, allowing them to build up experience and knowledge of the application of clinical psychology within specific communities. The range of placements is extensive, and trainees are expected to gain experience of clinical work in varied settings. All involved in the Programme are committed to maintaining close links between the clinical and academic aspects of the Programme.

The Programme's philosophy, purpose and specification is regularly reviewed. Content and organisation of the programme reflects the existing close co-operation of the National Health Service and the University, governed by the Joint Training Committee.

1.4 Anti-racism, Equality, Diversity and Inclusivity

Recognizing the widespread and entrenched nature of systemic inequalities, the University of Edinburgh, alongside our professional community and stakeholders, confronts the reality that discrimination based on race, class, gender, religion, and sexuality fosters significant barriers. Research confirms that such inequalities provoke psychological distress and worsen mental and physical health through experiences of humiliation, fear, isolation, and powerlessness. The imperative now is not to debate the existence or effect of marginalization but to actively seek solutions for change.

Despite the challenges posed by deeply ingrained biases, which make certain practices and discourses seem resistant to change, our focus must be on fostering systemic transformation. This includes ensuring an inclusive, safe educational environment for all trainees and staff. Historically, marginalized voices have been silenced, and it's essential that we cultivate a space for open, reflective discussions, shifting the burden of raising awareness from those who are marginalized.

Change will be gradual and will involve ongoing dialogue with our stakeholder groups. We have developed and publicly shared an action plan to ensure transparency and clarity regarding our path forward. Embracing discomfort, we reject the status quo and commit to deliberate, iterative change.

In addition, the school has produced guidance for staff and students in reporting racism and racially motivated hate crime or hate incidents, which can be viewed here.

1.5. Programme Organisation and Management Structure

The Programme is organised and jointly delivered by the NHS and the University of Edinburgh. Training is overseen by the Joint Clinical Psychology Training Committee (JTC).

Trainees are employed for the duration of their training by the Health Board in which they are based. Their employment depends on being a registered student on the DClinPsychol Programme at the University of Edinburgh. Similarly, their university status as a PG

student depends on them maintaining their employment contract until the end of clinical training.

Trainees carry out most or all of their clinical placements within Departments of Clinical Psychology and / or associated services in one of the collaborating NHS areas. They attend the University of Edinburgh for the academic component of the programme including the academic courses.

1.6. Programme Committee Structure

The Programme needs to ensure that all its functions are carried out effectively, efficiently and appropriately. To achieve this, each major aspect of the Programme is managed by a committee. Most committees include representation from supervisors and psychologists working in the NHS Board Areas. This reflects the fact that the Programme operates in close partnership with the NHS. Trainee voices are also represented at the core committees.

1.6.1 Committees and Teams

Committees focus on particular areas of programme activity (for example, selection procedures, the curriculum, clinical practice or research) but day-to-day work in each area is carried out by 'teams' of Programme staff and stakeholders. Each committee identifies objectives and monitors the team, with the team being responsible for delivering these objectives.

1.6.2 Joint Training Committee

The strategic management and development of the Programme is governed by a **Joint Training Committee (JTC),** comprising representatives of the programme stakeholders (University staff including Programme Director, Public Services Delivery (PSD) Scotland (formerly NHS Education for Scotland (NES)), NHS Heads of Psychology Services/area representatives, clinical psychologist placement supervisors, central clinical tutors, local NHS area tutors, APEX representatives, DCP Scotland representative, ACP Scotland representative and current trainee representatives).

The JTC oversees the strategic direction of the Programme. It is not concerned with day-to-day running of the Course; it is more focused on how the course philosophy is executed and whether the content of training fits with the needs of the Health Board Areas, the NHS training agenda and service users.

Remit: To oversee and support the following functions:

- Organisation and implementation of strategic training plan
- Co-ordination and integration of training activities
- Delegation of operational tasks to appropriate members
- Production/negotiation and monitoring of the business plan
- Production of appropriate reports
- Liaison with other Training Committees

- Co-ordination of the University and NHS roles in disciplinary procedures and appeals mechanism

Meetings: Meetings are held regularly at an agreed venue. Agendas are circulated at least 2 weeks before the meeting. The chair has to be notified with items for the agenda at least **4** weeks before the meeting.

Decisions: Decisions are reached wherever possible by consensus. If there is no agreement, academic matters are decided by academic staff and NHS matters by NHS staff. There may be occasions when the JTC discusses reserved matters; at such times, some members may be asked by the chair to withdraw.

1.6.3 Sub-Committee Structure for the Joint Training Committee and Organisational and Governance Structure of the Programme

Much of the work of the Joint Training Committee is delegated to its various sub-committees, all of which report back to the JTC. The sub-committees are:

Programme Executive Committee

Chair	Programme Director
Members	JTC Chair, Clinical Practice Director, Research Director, Academic Director and PSD Scotland Director of Psychology
Function	The Programme Executive is responsible for 'actioning' recommendations of the JTC. This team monitors the quality and effectiveness of course activities as a whole, overviews trainee progress in academic, clinical and research domains and (from time to time) makes proposals for improvements in the Programme structure.

Programme Team

Chair	Programme Director
Members	Academic Staff, Clinical Tutors
Function	To co-ordinate the different programme activities and sub-committees. This committee ensures that staff views are appropriately represented within the programme. It is the main operational vehicle for the coordination of the work of the Programme Team. Meets once per month.

Curriculum Committee

Chair	Academic Director
Members	Academic staff with responsibility for teaching themes, NHS staff with responsibility for teaching themes, Trainee Representatives, Clinical Practice Director, University Learning & Information Technology Manager
Function	To monitor the academic curriculum. Meets twice per year.

Research Committee

Chair	Research Director
Members	R1 and R2 Co-ordinator(s), Thesis Co-ordinator, Section Ethics Lead

Function	This committee overviews issues relating to the research component of the course including research governance and research ethics. It is chaired by the Research Director and attended by R1 and R2 Co-ordinator(s), Thesis Co-ordinator and any other relevant staff.

Clinical Practice Committee

Chair	Clinical Practice Director
Members	Clinical Tutors
Function	This committee oversees all Clinical Practice Education aspects of the Programme, including assessment and development of clinical competences, placement quality assurance, supervisor training, fitness to practise, trainee support, liaison with NHS and University.

Advisory Panel of Experts by Experience

Chair	Co-convenors (APEX member with lived experience and programme team member)
Members	Experts by Lived Experience, Clinical Tutor representative(s), Academic staff representative(s), Trainee Representatives
Function	APEX represents the perspective of those with lived experience of using health & social care services, including parents and carers. Its function is to contribute to and influence the delivery of the Doctorate in Clinical Psychology training programme from a lived experience perspective. Administrative support is provided by the Clinical Practice Administrator.

Staff Student Liaison Committee

Chair	Trainee Representative
Members	Academic Programme staff, Clinical Tutors, Trainee Representatives
Function	This committee provides an opportunity for trainees to directly represent concerns pertinent to their cohort, raising any issues which they consider relevant to their training experience. It is organised by the Trainee Reps., with administrative support from the Programme Administrators. Meets two to four times per year.

Selection Subcommittee (Including Appointments Panel)

Chair	Clinical Practice Director
Members	Programme Director, Other Academic Representative, Supervisor Representative, Area Representatives, PSD Scotland Representative, Expert by Experience Representatives
Function	To review criteria and processes used at all stages of selection.

Equality, Diversity and Inclusivity (EDI) Subcommittee

Chair	DClinPsychol EDI Lead(s) who will be appointed by the DClinPsychol Programme Director
Members	DClinPsychol EDI Lead(s), Programme Director or their delegate, Clinical Practice Director or their delegate, Research Director or their delegate,

	one academic programme team staff member with a module co-ordination role, one clinical tutor, one Local area NHS Tutor representative, one trainee representative per cohort Administrative support is provided by the DClinPsychol Programme Administrator
Function	This committee addresses all areas of training practice where there is potential for discriminatory practice. Its function is to promote the mainstreaming of EDI activity, make recommendations, review progress and where appropriate lead on specific actions relating to EDI as agreed by the Programme Executive, JTC or other training committees. Meetings are held quarterly.

1.6.4 Board of Examiners

The Programme is a taught degree and the taught components (including the clinical placements) are governed by the Taught Assessment Regulations.

The overall aims of the Board of Examiners are to ensure that examination and assessment requirements of the taught components of the Doctorate in Clinical Psychology are met in accordance with the relevant regulations. The Board of Examiners takes an overview of each student's academic performance on a relevant course or programme and make a final academic judgement on the appropriate outcome.

Membership

- Convenor.
- Internal Examiners (Programme Director, Clinical Practice Director, Academic Director, Research Director and Course Organisers (Academic and/or Placement) as required.
- External Examiners as required.
- In some circumstances other roles may be invited, such as an individual trainee's Clinical Tutor or Academic Adviser.
- A trainee's line manager will be invited to any Board of Examiners at which discontinuation is one of the possible options.

Boards of Examiners:

February:
Research 2
Clinical Placements 2 and 4

June:
Clinical Psychology 1
Clinical Placements 1,3 & 5

September:
Clinical Psychology 2
Research 1
Clinical Placement 6

There is also a substantial research element that underpins the degree. These research elements are governed by the codes of practice and policies relating to the Postgraduate Assessment Regulations for Research Degrees. Information about the thesis component, including how this is examined, can be found in the Postgraduate Assessment Regulations for Research Degrees.

1.7. Key Programme Roles

- **Programme Director:** Holds overall responsibility for the governance and management of the programme.
- **Clinical Practice Director:** Is responsible for strategic development and delivery of the clinical practice education aspects of the Programme. Employed by PSD Scotland and manages Clinical Tutor Team.
- **Research Director**: Responsible for the strategic development and delivery of the research aspects of the programme.
- **Academic Director:** Leads the delivery and development of the academic aspects of the programme.
- **Clinical Tutors:** The tutors are responsible for organising, monitoring and appraising the work of trainees on placements and ensuring a high standard of supervision throughout the NHS Areas. Clinical Tutors will liaise between the University and NHS in relation to academic and clinical aspects of progress. Employed by PSD Scotland, either directly or on secondment.
- **Local NHS Psychology Tutors:** The Local Tutor functions are covered in a Service Level Agreement between PSD Scotland and each NHS Board. Boards may choose to fulfil these functions in different ways. The Local Tutor functions are primarily the planning and co-ordination of placements; communication and liaison across stakeholders, and supervisor training and development.
- **Academic Advisers:** Each trainee has a member of Academic Staff who oversees their academic progress through the programme. In year 1, prior to thesis allocation, the Academic Cohort Lead is the Academic Adviser for the whole year and trainees should go to them for advice, guidance and pastoral support. After thesis allocation (usually January of first year), each trainee is given a named thesis supervisor and this member of the team is their Academic Adviser. The Academic Adviser and Clinical Tutor will review the trainee's progress at the Annual Review Meeting, along with the trainee's line manager.
- **External Examiner:** A senior academic from a separate academic institution.
- **Academic Theme/Module Coordinator:** A member of the Programme team is responsible for the operational delivery and future development of each of the themes in the curriculum (e.g., Fundamentals, Assessment & Measurement,

Intervention, Professionalism & Practice, Research, Population Specific streams of teaching etc.) They are assisted and advised in this task by NHS theme/module coordinators.

- **Mentors:** Many Clinical Psychologists in the NHS Boards we work with have offered to act as Mentors, providing confidential guidance and support to trainees.
- **Placement Supervisors:** Clinical Psychologists in individual departments who take responsibility for planning, supervising and reporting on the trainee's work on placement.
- **Thesis Supervisor**: For their major research project, trainees require two supervisors, one from the academic staff and one from the NHS. Their role is to advise and guide the trainee through all stages of the execution of the project and the write-up as a thesis. The thesis supervisor usually leads on methodological, analytical, and scholarly aspects of the thesis, and the NHS supervisor supports implementation and the impact of the project, although exact roles vary depending on projects. As above, the thesis supervisor will also be the trainee's Academic Adviser.
- **Supervisor Representatives:** Two Clinical Psychologists represent placement supervisors at the Joint Training Committee and at other meetings as required. In many NHS Boards this role is fulfilled by the Local NHS Psychology Tutor.
- **Trainee Representatives:** Trainees are elected annually to attend the Joint Training Committee and represent the trainees on any relevant issues. Trainee Representatives also meet regularly with the Programme staff, via SSLC.
- **Academic Cohort Lead:** A member of the academic staff who undertakes to meet regularly with the members of a particular intake year to provide advice and support over issues which affect the class as a whole and, where appropriate, feedback concerns to the Programme Team. Until thesis allocation in first year the Academic Cohort Lead will also act as Academic Adviser for the whole year.
- **Student Adviser:** The Student Support Team is the main point of contact at the university for general support and advice. The team can signpost to specialist resources, services and support within the University, including for academic skills development and wellbeing, as well as provide advice on University regulations and processes. An individual Student Adviser will be named will be on the trainee's EUCLID student record. When they are not available another member of the team will cover for them

SECTION 2 – PROGRAMME DELIVERY

2.1 Attendance Requirements

The University and trainees' NHS employers expect all students to attend all their University classes, lectures and tutorials etc., whether these are described as "compulsory" by the School or not. This includes participating fully in the requirements of all courses, including submitting assignments, contributing to tutorials and workshops or laboratories, attending meetings with Academic Advisers and sitting examinations.

Your attendance will be monitored by the School, so that staff can help you to manage your progress through the courses. We will do this so we can be quickly alerted to any additional pastoral or academic support needs any student might require, and so that the School can provide advice, guidance or support in a timely and useful manner.

On this programme, trainees are employed by an NHS health board. As all teaching days are still employment days, absence from teaching must be reported as per the NHS and Clinical Practice Placement Handbook absence processes (section P2.2).

Any unauthorised absences will be communicated from the University to the trainee's line manager in the NHS.

2.1.1 Attendance Monitoring

Attendance for on-campus and digital teaching will be monitored using the attendance form on the Learn timetables and trainees must record their attendance every day. The form is specific to each day and will open at 3:00pm closing at 9:30am the following day.

2.1.2 Requirement to Complete Missed Training

Where teaching days are missed for any reason, trainees are expected to 'catch up' through private study using the materials provided on Learn for each session. Where there is significant missed skills practice (e.g., role play for core therapeutic competency development), an individual training plan should be developed between the Academic Director and trainee's Clinical Tutor. For example, such a plan may require the trainee to engage in role play with a member of the Clinical Practice team, Local Area Tutor or placement Supervisor. In circumstances where more than 20% of teaching is missed in an academic year, ordinarily an individual teaching plan will be developed that requires a trainee to attend that teaching in a subsequent year rather than 'catch up' through private study.

2.2 The Recognition of Prior Learning (RPL) Route

Trainees that have completed one of the applied Masters degrees run by the University of Edinburgh (MSc. in Applied Psychology (Healthcare) for Children and Young People) or the Universities of Stirling and Dundee (MSc in Applied Psychology in Primary Care), that lead to the Clinical Associate in Applied Psychology (CAAP) status are offered a route through training that recognises this prior learning as relevant to the doctorate. More information about how the RPL route operates can be found in Appendix 1 of this handbook.

2.3 Programme Assessment

Over the course of training, trainees are required to complete:

- 6 placements (5 for those on the RPL route)
- Academic courses/teaching (Clinical Psychology 1 and Research 1 in first year; Clinical Psychology 2 and Research 2 in second year; P&P teaching and Advanced Practice Seminars in third year)
- Thesis project

Each of these components is assessed, and trainees are required to pass all assessments in order to complete the requirements of the DClinPsychol. Further details are available in the relevant handbook (Academic Handbook; NHS and Clinical Practice Handbook; Research and Thesis Handbook) and below.

2.4 Joint Annual Reviews

Once per year, the trainee's clinical tutor, Academic Adviser and line manager will meet with the trainee to discuss the trainee's progress including the trainee's development in academic work, on placements and their progress towards their learning objectives. Verbal feedback and standard paperwork will be used to review the supervision provided on placements and the learning opportunities and facilities available. The trainee and NHS line manager will have met to complete the TURAS Appraisal in advance of the Joint Annual Review. If any problems have been identified in any aspect of the trainee's development and progress, this is an opportunity to develop an action plan to support the trainee and remedy these. Those present at the Joint Annual Review should complete the relevant section of the Joint Annual Review report in the Joint Annual Review Teams folder recording the discussion at the meeting and including any written reports available. The trainee, clinical tutor, Academic Adviser, NHS line-manager and local tutor will all have access to the Joint Annual Review report in the Joint Annual Review Teams folder. In situations where a period of absence from training has resulted in the trainee's placements occurring over different time periods to the remainder of the cohort, then their Joint Annual Review will take place when they next complete a placement after the autumn, regardless of whether this means that it will be less or more than a calendar year since the last Joint Annual Review.

In some exceptional circumstances, a trainee will have completed all aspects of their training on clinical placements and no longer be employed as a trainee clinical psychologist but will have required a programme extension because they have not yet submitted the thesis. In these situations, it will be the responsibility of the DClinPsychol Research Director to organise the Joint Annual Review for Year 3 and any subsequent years, inviting relevant personnel and ensuring that relevant sections of the Joint Annual Review form is complete. A copy of the completed Joint Annual Review form will be held by the Research Director and sent to the trainee, Academic Adviser and any co-supervisors.

2.5 Passing or Failing different components of the Programme

Academic Assignments

Marking information about each of the academic course work assignments, including criteria for passing or failing, is provided in each of the course Learn spaces and the Academic Handbook.

Clinical Placements

Information about the assessment of placements, including criteria for passing or failing a placement, is provided in the NHS and Clinical Practice Placement Handbook.

Thesis
Information about the examination of the thesis component can be found in the Postgraduate Assessment Regulations for Research Degrees and the Research and Thesis Handbook.

Receiving a fail grade on any assignment or placement can be very stressful, and you should reach out to your University supports of Academic Advisor and Clinical Tutor to help you manage that. In addition, arrange to talk to the Course Organiser to understand the fail grade and what can be done to rectify it, if a re-submission is permitted.

2.5.1 Criteria for Programme Discontinuation for Unsatisfactory Academic or Clinical Progress

All instances of potential discontinuation, except in the case of the thesis, are discussed at the Board of Examiners. The recommendation of the internal and external examiners for the thesis is considered and ratified by the College of Arts, Humanities and Social Sciences Postgraduate Committee. A Board of Examiners in which a recommendation to discontinue a trainee's studies is a potential outcome must have invited the trainee's NHS employer to the Board of Examiners and any relevant Exceptional Circumstances Committee (see section on the Constitution of the Board of Examiners).

In order to meet the requirements of the Programme, trainees are required to pass 6 placements (or 5 placements for trainees on the Recognition of Prior Learning (RPL) route). Where a trainee has failed a placement, this alone will trigger a discussion at a Board of Examiners, reflecting the greater magnitude of placement failure compared to failing an academic assignment.

As described in the Academic Handbook, one resubmission opportunity is allowed for each academic course work assignment for accreditation purposes only. Where a resubmission is permitted the result obtained on the first attempt will be recorded on the academic transcript. However, where there is any subsequent failure on an academic piece of work, whether this is a first submission or a resubmission, the trainee's progress will be discussed by the Board of Examiners, who **may** recommend that the trainee's studies are discontinued. Furthermore, where an academic piece of work is failed following a previous placement failure, the trainee's progress will be discussed by the Board of Examiners, who may recommend that the trainee's studies are discontinued.

2.5.2 Board of Examiners outcomes

The Board of Examiners will review course outcomes for both academic and placement courses. The outcome for placement courses will depend on the recommendation of the Academic Adviser and Clinical Tutor and their discussion of the factors surrounding a trainee if they are not meeting the required standard of competence. These factors will include, but not be limited to, whether this is a first placement that has been recommended for a fail, the stage of training, progress towards agreed learning objectives, whether a placement was a resit for a previously failed placement and whether a previous academic assignment has been failed.

Some examples of Board of Examiners decisions are given below, but others may be possible.

- Where exceptional circumstances have been upheld the Board of Examiners may offer a number of different actions, one of which is to record the course as a 'null sit' and to allow the student to resubmit an academic assessment / placement on a first sit basis. See also information about the Exceptional Circumstances Committee elsewhere in this handbook.
- The Board of Examiners may decide, particularly in cases of inadequate placement experience or inadequate supervision, that a placement has not been failed, but that a further period of supervised placement must be offered to allow the trainee an opportunity to develop the competencies to the required standard. This may be arranged as part of a later placement, or it may be as part of an extension to training beyond the original planned duration.
- The Board of Examiners may decide that a placement has been failed but that the trainee should be given the opportunity to retake it. In order to meet the requirements of the Programme, trainees are required to pass 6 placements (or 5 placements for trainees on the Recognition of Prior Learning (RPL) route).
- The Board of Examiners may decide that the trainee's studies on the DClinPsychol should be discontinued. In these circumstances the Board of Examiners may recommend that the trainee should be considered for a different degree such as a Masters. Where the Board of Examiners makes the decision to discontinue the trainee's studies, the trainee will be given the opportunity to meet with the Head of School (or their delegate, which will usually be the Programme Director).

The thesis is governed by the Postgraduate Assessment Regulations for Research Degrees, which are clear regarding passing, any resubmission required and failure. The recommendation of the internal and external examiners for the thesis is considered and ratified by the College of Arts, Humanities and Social Sciences Postgraduate Committee.

The regulations for postgraduate taught programmes are clear regarding instances where a trainee has underperformed due to circumstances beyond their control, such as ill health. Such situations are covered by the exceptional circumstances policy. Trainees should inform their Academic Adviser at the earliest possible convenience of any personal circumstances that might reasonably be considered to affect academic or clinical progress through the programme. Information about exceptional circumstances is provided elsewhere in this handbook.

2.5.3 Alternate Exit Awards

If a trainee is unable to complete Doctoral training, the Exam Board can consider awarding an alternate exit award. These awards are at Masters and PG Diploma level, based upon the work that has been satisfactorily completed and the credits attached to each. These awards do not allow a trainee to apply for registration as a Clinical Psychologist with the HCPC and do not confer Chartered Psychologist status with the BPS. If trainees are

considering exiting the programme and not completing the DClinPsychol, they should discuss their options carefully with their Academic Adviser and Clinical Tutor and be aware of the possible alternate awards and the implications of each for their future career. Trainees that have not been able to progress because of a failed resubmission (of any placement or academic work) may also be able to exit the programme with an alternate award.

For more information, please see the University's information on Progression Requirements and Award Criteria.

2.6 End of the Programme and Applying for HCPC Registration

There are several parts to the process of applying for registration with the HCPC at the end of the Programme. The HCPC relies on the Programme to communicate to it the names of those trainees who have met all the requirements of the DClinPsychol degree. The requirements for the programme entail completing all placements and all academic and research work satisfactorily. This will mean that all placements and coursework have been passed, and the final thesis has been submitted. The final thesis is submitted after successfully passing the viva and satisfactorily completing any corrections as identified by the viva examiners.

Once all the programme requirements have been met, the trainee can submit their application, including the form and payment, to the HCPC. Trainees should complete the HCPC application process using the forms on the HCPC website using the "UK Approved Course" route. The HCPC will retain the form on hold for around 2 weeks awaiting the pass list from the Programme to notify it formally that all the requirements have been met. The Programme will send pass lists as required on a weekly basis to minimise delays. The HCPC have indicated that they will aim to process an application in 10 working days from the time when they receive both the pass list from the Programme and a completed application, including payment.

Trainees are not eligible to take up posts in the NHS as Clinical Psychologists until they have been registered by the HCPC. In some Boards, trainees can start jobs that they have been offered prior to this but the employment grade and conditions (e.g., supervised practice) will not be finalised until their registration is confirmed. In other Boards, this is not possible, and trainees are advised to discuss these issues with their prospective employers.

2.7 Thesis and Programme Prizes

The programme has benefited from bequeathed endowment funds to allow us to offer a class prize this year. We also award the Clinical Psychology Thesis Prize.

2.7.1 The Gillian Birrell Memorial Prize

This award is presented to the trainee with the highest overall performance and marks for all work completed over the course of training. It is a financial prize awarded annually to a trainee in their graduating year.

Gillian Birrell is remembered professionally for her major contribution to advancing the role of Clinical Psychology in the specialism of Severe and Enduring Mental Health. She was influential in seeking ways of providing support and psychological therapy to clients whose psychological needs had previously gone unrecognised at that time. Gillian was a support to her colleagues and is remembered in Lothian, where she was based, for her kindness, warmth and humour.

2.7.2 Clinical Psychology Thesis Prize

The Clinical Psychology Thesis Prize is funded by Section of Clinical & Health Psychology, The School of Health in Social Science to recognise and promote high quality thesis research. It is awarded to the highest graded thesis each year.

The two prizes will be given to separate trainees each year.

SECTION 3 – COMMUNICATION AND DATA SHARING

3.1 Communication Policy

3.1.1 Background

Successful training of Clinical Psychologists requires the close collaboration and co-operation of multiple stakeholders, of which the principal ones are PSD Scotland, the NHS and the University of Edinburgh. Each of these stakeholders operates its own governance structures and procedures, which can operate independently in most of their other dealings. However, in the case of delivering the programme, these independent structures and procedures are often interdependent, necessitating co-ordinated action by more than one stakeholder or action by only one with the knowledge and involvement of the others. The same can also be true of information sharing. Where information may not usually be disclosed outside one system, the partnership involved in training requires it to be shared with other stakeholders. It is in trainees' best interests that stakeholders communicate openly, as this allows appropriate levels of support to be provided in a timely manner in the various environments where this is required.

The key individuals who may require access to information about trainees and their circumstances are as follows (in alphabetical order):

- Academic Adviser
- Clinical Tutor
- Head of Service
- Line manager
- Local Tutor
- PSD Scotland (Training Office Manager, Director of Training)
- Supervisor

These individuals are subsequently referred to as "the core group".

Clarity is required for each trainee regarding the line management arrangements, in that the various functions of management can be provided by different individuals. For example, it is common for trainees to identify their line manager as the Clinical Psychologist with responsibilities in the clinical area in which they work, who fulfils leave, travel and work allocation functions; whereas a different individual, often a Head of Specialty or Department, might fulfil performance review and disciplinary functions.

At the outset of training, the Programme requests a named line manager for each trainee. It is proposed that this be the person viewed as the key individual for communication, who will then take responsibility for informing others within the Board, either day-to-day managers or more senior managers, as appropriate. Similarly, Academic Advisers and Clinical Tutors to whom serious issues are communicated are responsible for involving the Clinical Practice Director or Programme Director, as appropriate. It is also likely that the Student Adviser or other Student Support office staff need to be involved. Staff employed by PSD Scotland, namely Clinical Tutors, Clinical Practice Director, Training Office Manager and Director of Training will take responsibility for communication between each other and with finance colleagues in PSD Scotland.

3.1.2 Principle 1 – Automatic notification

Any members of the core group will communicate information about a trainee timeously to other members of the core group where that information is relevant and necessary to the work of those other members with the trainee.

If there is uncertainty about whether the information is relevant and necessary or not, then the information should be shared and the appropriateness of doing so should be determined with the recipient in order to clarify for the future.

In many of the communications between members of the core group, this principle is already well understood and embedded in existing processes. For example, supervisors having a concern regarding a trainee's progress will communicate that at the mid-placement meeting to the Clinical Tutor who will, through the standard report, communicate this to the Local Tutor. Similarly, systems exist to ensure that local tutors are informed of trainees' learning objectives, which will have an impact on their planning of placements. Processes have been agreed for the involvement of line managers in the Board of Examiners and associated committees for trainees who are failing parts of the programme.

Clear examples of relevant and necessary information across stakeholders would include:

Various kinds of Leave – sickness (of more than 2 weeks), parental, special, compassionate, carer, adoption (not annual leave for which separate communication is detailed in the Handbook)
Authorised Interruptions of Study
Professional behaviour and Conduct issues

Fitness to practise issues (see note below)
Failure of parts of programme
Reasonable adjustments specified by either the University Disability and Learning Support Service (DLSS) or NHS Occupational Health (OH) Departments (see note below).

Where there are fitness to practise concerns, both the School of Health in Social Science Fitness to Practise Protocol and the College of Arts, Humanities and Social Sciences Fitness to Practice Procedure apply.

3.1.3 Principle 2 – Information Request
In addition to Principle 1, any members of the core group (named above) can request information held by another member of the core group, or another stakeholder. A reason must be given for the information requested. The request must be considered, and a reason given and recorded if the request is not fulfilled.

3.1.4 Personal Difficulties
Trainees may sometimes disclose information about personal difficulties affecting their work and study. Trainees discussing the impact of these difficulties in the past have voiced concern that sensitive information might be disseminated widely. Trainees should be aware of the guidance in the BPS Code of Ethics and Conduct (2018) (Statement of Values re Competence) as well as in the HCPC Standards of Conduct Performance and Ethics (2024) and the HCPC Guidance on Conduct and Ethics for Students (2024, Standard 6: Manage Risk and Standard 9: Be honest and trustworthy). This guidance indicates the importance of trainees disclosing such information, but particular care should be taken to ensure, consistent with the remainder of this Policy, that only the information that is relevant and necessary to the work of another member of the core group is shared.

3.1.5 Disclosures of Disability under the Equality Act (2010)
All first-year trainees will have been invited to make contact with the Disability and Learning Support Service and the Programme Team in advance of joining the programme to discuss any requirements they may have for reasonable adjustments to be made to support their training. These could include adjustments in assessments, teaching and on placement. There may also be a requirement to attend local NHS Occupational Health services for a similar process within the NHS which may lead to recommendations for workplace adjustments. If placement planning is affected, the Local Area Tutor should also be informed as early as possible.

Reasonable adjustments for students at the University of Edinburgh are made through the Disability and Learning Support Service. The Disability and Learning Support Service (DLSS) website clarifies how information about you will be used and shared.

Trainees are encouraged to discuss any recommendations for reasonable adjustments that arise from either the University Disability and Learning Support Service or NHS Occupational Health services with their NHS Line Manager, Clinical Tutor, Local Area Tutor and Academic Advisor at the earliest opportunity. Further discussion with other

members of the core group involved in supporting the individual's training may be required (see Section 3.1.1 of Programme Handbook for who this includes) in keeping with the programme communication policy.

The School Coordinator of Adjustments is Dr Laura Cariola (Laura.Cariola@ed.ac.uk) who can offer support and guidance about requirements within the University.

If a situation arises at any point during training in which a trainee becomes aware that a disability, whether previously discussed or not, may be having an impact on their training, they are strongly advised to contact the Disability and Learning Support Service, their NHS Line Manager and Clinical Tutor at the earliest opportunity so that an assessment of their needs can take place and relevant adjustments and supports considered across both the University and NHS contexts.

Relevant needs must be registered with the University Disability and Learning Support Service in order that they can be taken into account in University assessment processes.

Sharing information openly will ensure that support can be consistent and appropriate. An individual's right to request confidentiality when disclosing information about a disability under the Equalities Act is balanced with duties under Health and Safety legislation. We encourage anyone making or receiving a disclosure of disability to have an explicit discussion about confidentiality and how that information will be managed.

3.2 Privacy Notice

Please refer to the University of Edinburgh privacy statement to see how we use information about you and who we share it with. In addition to the general guidance, information about clinical psychology trainees will be shared with the National Health Service and the Health and Care Professions Council (HCPC) as part of their training and registration with accrediting bodies. Please also refer to the Communication Policy in the previous section.

SECTION 4 – STUDENT SUPPORT

4.1 Student Support Team

The School of Health in Social Science operates a system of Academic Advisers and Student Advisers. In addition, there are numerous University Support Services available. Please visit the Student Support Website for full details of the support that can be offered.

All students are allocated an Academic Adviser near the start of their programme. For the DClinPsychol, the Academic Adviser role is fulfilled by your Academic Thesis supervisor. Supervisors are allocated in January of year one. For the period October to January of year one the duties of the Academic Adviser will be fulfilled by your Academic Cohort Lead. You will be introduced to your Academic Cohort Lead as a cohort during induction week.

Your Academic Adviser (who will be your academic thesis supervisor once the allocation process has been completed by January of Year 1) will be your main point of contact for academic advice and support.

It is your responsibility to inform your Academic Adviser immediately of any problems that are interfering with your coursework or progress through the programme**.**

Your Student Adviser can offer guidance and support including:

programme extensions, interruptions of study and exceptional circumstances applications, plus a range of pastoral and regulatory issues.

Visit the School's Student Support website for further details of the services provided by the Student Support Team, the University Support Services and to read the School's Statement.

4.2 Exceptional Circumstances

Exceptional circumstances are circumstances which are exceptional for the individual trainee, are beyond that trainee's control and for which there is sufficient evidence to show that they had a significant adverse impact on the trainee's performance in an assessment or resulted in non-attendance or a non-submission for a scheduled assessment. Please visit the Academic Handbook section A4.4 for further guidance on exceptional circumstances in the context of academic assignments. The Advice Place also offers a guide to exceptional circumstances.

Exceptional circumstances should be seen as a one-off, emergency measure to ensure marks are considered impacted for one cycle of the examination period. They should not be used as a strategy to cope with long-term or ongoing issues. If you do have a long-term issue, you should seek help by making an appointment with your Student Advisor, who will help you put appropriate long-term support mechanisms in place. If you experience different exceptional circumstances again in the future, you can re-apply for the assessment period affected.

Further information regarding exceptional circumstances, including the policy document which contains examples of circumstances which are and are not likely to be accepted, is available on the Academic Services website.

It is the responsibility of the trainee to submit their request for consideration of exceptional circumstances. For academic assignments, please refer to the Academic Handbook section A4.4 for further guidance. In the case of placements, exceptional circumstances should be submitted before the clinical supervisor provides the indicative mark for the placement.

Trainees should submit exceptional circumstances in consultation with their Academic Adviser and the programme's Student Adviser. The Academic Adviser and Student Adviser can offer help in completing the submission and will provide a supporting statement where appropriate. Trainees should describe the circumstances, state when the

circumstances affected them, and all assessments and courses affected. Trainees should also ensure that they provide sufficient documentary evidence as detailed in the exceptional circumstances Policy. Guidance on the submission process is available on the Academic Services website.

The central Exceptional Circumstances Team will decide whether your exceptional circumstances application has been accepted/validated or not. If accepted/validated, the Board of Examiners will decide on the appropriate action to be taken.

Where exceptional circumstances affect failed placements, any trainees for whom exceptional circumstances are known will be discussed in an Exceptional Circumstances Committee (ECC) as part of a specially convened Board of Examiners meeting.

The possible outcomes are described in the exceptional circumstances policy, including the possibility that no action is required if the circumstances have already been addressed through actions already taken.

The University will treat the information provided by trainees as confidential in line with the University's Data Protection Policy and will only share it with those who have a legitimate need to access the information in order to consider the trainee's case or to provide trainees with support.

Exceptional Circumstances Committee (ECC)
For the ECC to support a trainee's exceptional circumstances case, the ECC must be satisfied that the trainee has provided sufficient evidence regarding the circumstances and the impact they had on their performance in an assessment. Examples of the sort of evidence that would be accepted and their weighting on the ECC's decision making can be found in the Exceptional Circumstances Policy .

The purpose of the ECC is to hear in confidence any exceptional circumstances that may apply to the progress of a trainee and to decide what outcome is in the trainee's best academic interest and would not cause the trainee or others disadvantage.

The list of possible outcomes that can be made are outlined in the Exceptional Circumstances Policy. The ECC does not provide outcomes in relation to the thesis project.

The trainee should be notified of the outcome within one week of the meeting of the Board of Examiners.

4.3 Personal Support for Trainee Clinical Psychologists

Training in clinical psychology is a demanding and we hope rewarding experience. Clinical work is cognitively and emotionally taxing. The academic requirements of the programme include assessed work, concentrated blocks of study and a thesis. Teaching covers a broad range of material, often related to experiences of psychological distress. Trainees

undertake 5 or 6 training placements, each requiring a process of adjustment. Trainees are likely to be required to travel extensively and may have the additional pressure of split placements. Given these demands, the development of self-care skills is necessary throughout training, and these may differ depending on the needs of individual trainees.

In line with HCPC guidelines, trainee clinical psychologists must be able to recognise their own support needs and be able to access a range of both formal and informal mechanisms to meet these needs. An important part of training is developing an understanding of your needs and finding methods to support you through the programme and the rest of your career.

It can sometimes be a difficult step to seek support and can evoke concerns about how it will be interpreted by others but recognising need and asking for help is a core competency. It shows self-awareness, courage and self-compassion. The programme team have extensive experience in supporting trainees and this is an important part of their role.

The new HCPC standards of proficiency make more explicit the requirement for trainees to develop and demonstrate competences in this area which include awareness of their own physical and mental health needs, awareness of the interactions between their health and their work and making use of appropriate strategies and supports to manage their health and maintain their fitness to practise and a safe working environment. In addition to the demands of training, a wide variety of life events and situations can challenge anyone's mental and physical health and the appropriate recognition and management of this is a sign of professional competence and not something that trainees should have any concerns about doing. It is a lack of openness about these issues that is more likely to raise concerns on the part of those supporting a trainee, than situations where a trainee is seeking support and taking appropriate actions such as using sick leave and authorised interruptions of study.

The section below outlines various sources of support the programme team encourage trainees to make use of. These supports are provided through the University, the employing health board or in some instances are programme specific. Generally, the support chosen will depend on the nature of the issue. Key people in the support network are Academic Advisers, clinical tutors, local tutors, mentors, Programme Director and Clinical Practice Director.

4.3.1 Mentors

Mentors are qualified staff within NHS Scotland who are eligible to supervise on the programme and who have volunteered to act as informal supports for trainees. Mentors are allocated to first year trainees with the expectation that they have two contacts (at least one of which should be face-to-face) over the first 6 months. Trainees can ask to be allocated a different mentor after the first 6 months of training if they wish. A list of available mentors is kept by the Clinical Practice Administrator. The Clinical Tutor Team co-ordinates the mentor system and can provide further information on request. We would

ask all first-year trainees to contact the team if they have not heard from their mentor within the first four months of training. Trainees are allocated mentors who are based in a different NHS board to the trainee. This is to help ensure separation from any direct / evaluative role in the trainee's training. It is recognised that this may necessitate travel time in order to meet up with mentors, or alternatively phone calls or videoconferencing may be used. More details on the mentor system and practicalities are available in the mentor document on the programme website

4.3.2 University of Edinburgh Student Health and Wellbeing

As with all transitions in life, applying to and studying at university can be both exciting and challenging – whether it is your first time at university or you are returning to higher education, and whether you have a pre-existing mental health condition or not, it is important to look after yourself. University can be busy and stressful at times, this can in turn cause our state of wellbeing to fluctuate. We all have strategies for coping with ups and downs in life and it is important to continue using and revising these skills, to help support and maintain your wellbeing which is crucial to allow you to experience a positive and happy university journey. The University of Edinburgh provide a range of evidence-based resources, workshops and support which are available to you and can enable you to cope with the ups and downs of university life. These are provided by a number of different services, including the Centre for Sport and Exercise, Chaplaincy, Counselling Service and the Edinburgh University Students' Association.

The University provides a range of services to support your mental and physical wellbeing. Please see https://www.ed.ac.uk/students/health-wellbeing for the full range of available services.

These services include the Student Counselling Service. All students of the University of Edinburgh may use the Student Counselling Service, (Student.Counselling@ed.ac.uk).

Referrals are accepted from Academic Advisers, GPs and supervisors. Self-referral is also possible. The service deals with a wide range of problem areas, both practical and psychological. An initial assessment is offered and thereafter short-term counselling may be provided. The Student Counselling Service website also has a range of other useful resources including self-help material, free online mental health support with Togetherall, free access to the Feeling Good App and access to SilverCloud.

The Wellbeing pages also have information on the Report and Support Service, a platform for reporting situations related to gender-based violence (sexual abuse; harassment, stalking, physical & emotional abuse) and of bullying & discrimination (hate crime or hate incident because of their race, religion or belief, sexual orientation, disability, or transgender identity).

The wellbeing site also points you to resources and organisations that can help in the event of a mental health crisis or crime, including sexual assault and harassment, the

university's student mental health strategy and SocialPrescribED, the University of Edinburgh's social prescribing initiative. SocialPrescribED uses a referral pathway to providing non-clinical support to address social determinants of ill health.

There is other useful information and support available from Edinburgh University Student's Association.

4.3.3 NHS Psychology and Psychotherapy Services

As members of the public, trainees can access local NHS psychology and psychotherapy services via referral from their GP as necessary. However, as they may have, or develop links with their local departments during training (e.g., being on placement), trainees may prefer to be seen out with their health board. Some NHS Boards now have staff support services and trainees are able to access these services using the local process. If they wish to access a Staff Support service outwith their own NHS Board for a particular reason, then this can be facilitated but the process varies between Boards and so trainees are advised to contact their Clinical Tutor or Local Tutor about this.

4.3.4 Private Therapists

There are a wide range of therapies and therapists available. Finding an approach (and a person) that is suitable is largely a matter of individual choice. However, the programme would advise trainees to be aware of the various registration bodies which would give some guarantee of a therapist's credentials. These include the Health and Care Professions' Council, the British Psychological Society, the British Association for Counselling and Psychotherapy, the British Association for Behavioural and Cognitive Psychotherapy, the United Kingdom Association for Humanistic Psychology Practitioners and the British Psychoanalytic Council.

4.3.5 Occupational Health

Trainees should acquaint themselves with the Occupational Health Service within their Health Board. Self-referral is possible, and they offer specialist advice regarding health and employment, including immunisation. They may also be able to offer counselling input.

4.3.6 Suggested Contacts by Issue

Management	
Employment Issues	Nominated Line Manager.
HR Issues	Human Resource Department in employing NHS Health Board.
Academic/Research	
Written Work	Academic Adviser
Teaching Content	Module/Course Co-ordinator / Academic Cohort Lead

Thesis	Academic Adviser/Academic Thesis Supervisor and Clinical Thesis Supervisor
Clinical Ethical Issues Supervision Issues Clinical work pressures / stress	 Clinical Tutor Local NHS Psychology Tutor Supervisor Nominated Line Manager Clinical Tutor Supervisor Local NHS Psychology Tutor Nominated Line Manager Clinical Tutor Local NHS Psychology Tutor Placement Supervisor Mentor
Personal	Academic Adviser Clinical Tutor Local NHS Psychology Tutor Mentor Student Adviser

Note: Try and resolve problems as early as possible and at the level at which they occur. For example, a problem with supervision on placement would generally be best discussed first with the supervisor. Trainees should contact their clinical tutor in the event of significant difficulties on placement and / or if they feel they have tried to raise issues with their supervisor to no avail and / or feel unable to raise issues with their supervisor.

4.4 Student Feedback

Student feedback and evaluation is a valued input to curriculum and programme development at the University of Edinburgh. The formal ways in which trainees can provide feedback are as follows:

- Annually, trainees will be asked to complete the Postgraduate Taught Experience Survey.
- Two trainee representatives from each cohort attend the Staff Student Liaison Committee meetings. Representatives are also welcome to participate in the Edinburgh University Students' Association (EUSA) as described below.
- For specific information on teaching feedback, please see the Academic Handbook.

4.5 Student Representative Structure

Staff members at the University of Edinburgh work closely with student representatives. Edinburgh University Students' Association coordinates student representation and

provides training and support for student representatives across the University. Student representatives ('Reps') listen to you to identify areas for improvement, suggest solutions, and ensure that your views inform strategic decisions within the University, building a stronger academic community and improving your student life. All Schools are expected to facilitate communication between student representatives and the students they represent. Schools should either share with student representatives the University student email address of the students they represent (following the Guidance) or facilitate alternative ways for representatives to contact all classmates e.g., via m-list.

4.6 University Support Services

Please visit the A-Z list of Student Services for information about the Institute of Academic Development, the Careers Service, the Chaplaincy, Student Counselling, Disability and Learning Support Service, Finance information for students, the International Office, the Library, Scholarships and Student Funding, Student Administration, the Edinburgh University Students' Association, and the English Language Teaching Centre.

4.7 Fitness to Practise (updated 07.10.2026)

Procedures exist to ensure students on professional degree programmes are fit to practise while undertaking training. Programmes are subject to Fitness to Practise requirements if, during the course of the programme, students undertake professional placements where they practise in relation to patients, children, clients or service-users.

This programme is subject to Fitness to Practise requirements.

Information about the Fitness to Practise procedure (Protocol) for this programme and other professional programmes run by the School of Health in Social Science can be found here:
https://health.ed.ac.uk/fitness-to-practise

Please also refer to the College and University published information on student conduct and fitness to practise:

- https://cahss.ed.ac.uk/taught-students/student-conduct/fitness-to-practis
- https://www.ed.ac.uk/students/academic-life/conduct

Fitness to Practise & Requirements of Professional Bodies

The School Protocol also requires programmes to provide programme specific documentation that outlines the specific requirements for practice. For the DClinPsychol these requirements are provided by:

- British Psychological Society Code of Ethics and Conduct
- British Psychological Society Practice Guidelines
- HCPC Standards of Ethics and Conduct for Students
- HCPC Standards of Conduct, Performance, and Ethics
- BPS Standards for the Accreditation of Doctoral Programmes in Clinical Psychology

The programme specific appendix of the school fitness to practice protocol provides specific detail and can be found here: Programme website | DClin Study Resources

4.8. Raising Concerns Regarding Staff Members

From time-to-time trainees may encounter friction, or disagreement between themselves and one of the core staff involved in their training. Although these situations are awkward, you must try to have the courage to raise the issue in a professional way, directly with the person concerned. Trainees often tell us that they feel uncomfortable doing so due to the power dynamic involved. When we have then taken steps to help them resolve this, the member of staff concerned has usually been grateful for the opportunity to understand an issue, to adjust their style and has expressed that they wished the trainee had felt able to raise the issue directly.

We do recognise however that power and status effects are at play. If you do not feel that you can raise an issue directly with a member of staff, you can speak to The Research Director about any thesis supervisor issues, to the Clinical Practice Director about any Clinical Tutor related issues or to the Academic Director about any Programme Teaching staff related issues. Similarly – you can speak to the Programme Director about any of these issues too.

If your concern is about one of these members of staff, you can approach their line manager.

The academic staff are usually line managed by the Head of Clinical & Health Psychology, who is in turn line managed by the Head of School. Staff at Professor grade are directly managed by the Head of School. There is also a Senior Academic Adviser within the School who is not connected to the Programme and who has a role in responding to concerns between a trainee and their Academic Adviser. If the concern is not satisfactorily addressed, there are University complaint procedures which should be followed. The Clinical Tutor team are line managed by the Clinical Practice Director who is in turn line managed by Judy Thomson, PSD Scotland Director of Training for Psychology Services. If the concern is not addressed, the PSD Scotland feedback, comments, concerns and complaints procedure can be found on the PSD Scotland website.

The Local Tutors are line managed locally in their Health Board and fulfil functions that are funded by PSD Scotland. Concerns should be directed locally, and the Clinical Practice Director should be informed as part of their central PSD Scotland role.

The processes for managing concerns regarding placements are described in the NHS and Clinical Practice Placement Handbook. Only the individual's line manager can use the employing organisation's HR processes to respond to a serious concern or complaint.

For further information on Health and Safety concerns in relation to the safety of service users, carers or others, please also see the NHS and Placement Handbook including the section on Whistleblowing.

Further guidance on expectations for thesis supervision are contained in the Research and Thesis Handbook which highlights the role of the Code of Practice for Supervisors and Research Students.

SECTION 5 – SCHOOL OF HEALTH IN SOCIAL SCIENCE

5.1 Location

The Section of Clinical and Health Psychology is situated within the School of Health in Social Science.

The School of Health in Social Science is located within the Medical School on Teviot Place, with some additional staff offices located in Buccleuch Place and Forrest Hill.

School of Health in Social Science
The University of Edinburgh
Medical School (Doorway 1), Teviot Place
Edinburgh
EH8 9AG

Tel: +44(0)131 651 3969 Fax: +44(0)131 650 3891
Email: health@ed.ac.uk Web: http://www.ed.ac.uk/health

Much of the university's Central campus is located in old, historic buildings and unfortunately this does present us with some challenges in disability access. If a building presents particular difficulties for you, please raise this with your Academic Adviser, or with a member of the Student Support Team.

Any problems accessing the School or any non-emergency security issues should be reported to the School Receptionist in the General Office in the first instance. In an emergency you should dial 2222 from any University telephone or contact the Police, Fire or Ambulance service on (9) 999.

SECTION 6 – HEALTH AND SAFETY AT THE UNIVERSITY OF EDINBURGH

The University has a duty, so far as reasonably practicable, to ensure the health, safety and welfare of all employees and students while at work, and the safety of all authorised visitors and members of the public entering the precincts of the University. The University Health and Safety Policy is issued upon the authority of the University Court and contains the Health and Safety Policy statement and summary of the organisation and arrangements of health and safety within the University. The successful implementation of the University Policy requires the support and co-operation of all employees and students - no person shall intentionally interfere with, or misuse anything provided by the University in the interest of health, safety or welfare.

The University Health and Safety Policy is supported by a Framework document published in two parts on the Organisation and Arrangements of health and safety within the University. Individuals are required to comply with any procedures or arrangements formulated under the authority of this Policy. Any questions or problems about matters of health and safety can be taken up initially with the School Safety Adviser. Further guidance on health and safety matters can be found on the Health and Safety Department website at http://www.ed.ac.uk/healthsafety including contact details for all professional staff within the corporate Health and Safety Department.

6.2 Fire Safety

You must familiarise yourself with the location of fire doors and fire exits, so that you know the means of escape from the building. Please be aware that the lift ceases to operate in a fire emergency. Please also ensure you are aware of the locations of fire extinguishers and fire alarm call points in areas that you use and read the instructions for their use. All corridors and staircases and especially emergency exit routes must be kept tidy and free from obstacles. Fire doors must be kept shut at all times and never propped open. You must not leave or store flammable materials on emergency exit routes or blocking immediate access to fire alarms, fire equipment or electrical switchgear. On discovering a fire:

- Operate the nearest fire alarm
- Leave the building
- Assemble outside clear of the building
- Ensure that the University emergency service (dial 2222 on internal phones) has been informed.

If the building presents any particular difficulties to you in exiting in an emergency or in hearing a fire alarm, please make this known to your Academic Adviser or the School Student Support Officer. If necessary, we will prepare a Personal Emergency Evacuation Plan (PEEP) for you.

6.3 Accidents

Any accidents on School premises should be reported to Emily Gribbin, Director of Professional Services, who will record the details and report to the School Health and Safety Officer. All accidents/incidents, except those of a minor nature, will be investigated and any necessary remedial measures will be implemented as appropriate.

SECTION 7 – SOCIAL RESPONSIBILITY AND SUSTAINABILITY AT THE UNIVERSITY OF EDINBURGH

The Department for Social Responsibility and Sustainability supports staff and students to create a sustainable and socially responsible environment at the University and beyond. Training is available to staff and students who are interested in learning how to work and live in a more sustainable way.

An online course introduces the department and explains the various ways in which we support the University in becoming a more sustainable place. It takes about 30 minutes to

complete. More information is available on the Department for Social Responsibility and Sustainability website.

Appendix 1 – RPL Training Route

Recognition of Prior Learning (RPL) is applied to graduates of the MSc in Psychological Therapy in Primary Care (University of Stirling and University of Dundee) and graduates of the MSc in Applied Psychology for Children and Young People (University of Edinburgh). These programmes have been funded by PSD Scotland.

Candidates eligible for RPL went through the same selection procedures as all other candidates and eligibility for RPL did not form part of the selection criteria to arrive at the list of candidates to be offered places. Those who were successful in progressing through the selection process have been offered a training place of 2 years 7 months duration for the relevant NHS Board and alignment. This means that the training contract will be until the end of April in 3rd year.

RPL will mean that trainees holding one of these degrees will be offered a 2 years 7 months training in return for surrendering their MSc at the end of the programme. The surrendered MSc will count towards the credits for the Doctorate in Clinical Psychology meaning that trainees will not need to complete the Small-Scale Research Project in year 2 (Research 2 assignment) and will complete one specialist placement in year 3, instead of two specialist placements. This recognises the competencies demonstrated in the successful completion of the MSc programme.

Successful completion of the 2 year 7 months RPL training will confer the Doctorate in Clinical Psychology and eligibility to apply for registration with the HCPC and work in the NHS in all parts of the UK in the same way as for graduates of the 3-year full-time training. The major advantage is that trainees on this route will be available to take up qualified Clinical Psychologist posts earlier than those on the 3-year training.

The following should be read in conjunction with relevant sections of the Academic and Clinical Practice handbooks.

Placements

Trainees will complete the same first four core placements as 3-year trainees: Adult Mental Health and Intellectual Disabilities (in either order) in first year and Older People and Children, Young People and Families (in either order) in second year. It is necessary for all four core placements to be completed in order to demonstrate the competences in each area at Doctoral level. In extreme circumstances, a placement may take place in a different year. but all placements must be successfully completed.

RPL trainees will have previously completed a full year placement during their MSc in either Adult or Child, but at Masters Level. The MSc placement experience is given RPL in relation to one Specialist Placement (normally year 3) and so trainees will complete their training contracts at the end of their first Specialist Placement (placement 5) at the end of April in 3rd year (slightly later than 3-year trainees).

This can be understood as graduates of the MSc in Psychological Therapy in Primary Care having already completed the equivalent to a specialist placement in primary care AMH services with close supervision of their development of CBT competences, and graduates of the MSc in Applied Psychology for Children and Young People having already completed the equivalent of a specialist placement in CAMHS services with a focus on early intervention and prevention and accredited parenting interventions.

Teaching

RPL Trainees will attend all 1st and 2nd year teaching as timetabled for CP1, CP2, R1 and R2.

For their 3rd year, RPL trainees will be able to attend APS teaching that is scheduled until 30th April and will be able to choose 17 credits plus or minus 2 credits from the choices available. The majority of APS are scheduled in the period October to April.

Assessment

RPL Trainees will complete CP1, R1 and CP2 assignments for the same submission dates as trainees on the 3-year route.

The thesis will be submitted on 1st March in 3rd year and will be examined in mid / late April, prior to the completion of the trainee's contract.

Study time

Study time arrangements for RPL trainees are the same as for 3 years trainees with the exception of study time relating to SSRP (see below). This means in 1st and 2nd year: 1 day of study time on weeks when there are no teaching blocks and no study time on weeks when there are teaching blocks (unless specified in the timetable). Where there are single teaching days in Years 1 and 2 then trainees will have 1 day teaching, 1 day study time and spend 3 days on placement. RPL trainees also have the same weeks of study time before placements 3, 4 and 5 as 3-year trainees do.

As RPL trainees do not have to complete the SSRP for R2, they have more study time available to them in the first 2 years than their counterparts on the 3-year route. This includes the half day per week of placement time that is usually allocated for the SSRP from one of the 4 core placements.

In 3rd year, RPL trainees will have 2 days study per week as 3-year trainees do, apart from weeks when there is teaching. This will continue until the end of training at the end of April in 3rd year. RPL trainees have an equivalent amount of thesis study time prior to submission as 3-year trainees.

Timing of exam board at end of training

Trainee's thesis outcome is determined by the College Post Graduate Examination Subcomittee, whilst all taught courses and placements are ratified by the DClinPsychol exam board. Trainees on the RPL route will usually be examined for their thesis in April,

and the outcome of the viva processed by the College at the first available monthly meeting after the examiners have submitted the completed paperwork from the viva. In contrast the DClinPsychol exam board that ratifies the final placement for RPL trainees takes place in early June. If RPL trainees have minor corrections and they are able to have these signed off by the examiners during May, the programme will undertake to review the placement courses in a special exam board, so that trainees do not need to wait until after the June board to graduate. Trainees who are given six months of corrections should not generally expect to have completed these during the month of May, and therefore it is more likely that the June exam board will ratify their final placement pass. Whilst the University will endeavour to process end of training matters in a timely way to allow the trainee to be put on the HCPC register, trainees should be realistic about timeframes, especially if the examiners have given more lengthy corrections.