



**Doctorate in Clinical Psychology – Royal Holloway, University of London**  
**British Association of Behavioural & Cognitive Psychotherapies**

## **BABCP CBT ACCREDITATION PATHWAY** **HANDBOOK 2023**



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*The Department reserves the right to modify any statement, if necessary, make variations to the content or methods of delivery of courses of study, to discontinue courses, or merge or combine courses if such actions are reasonably considered to be necessary by the College. Every effort will be made to keep disruption to a minimum, and to give as much notice as possible.*

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While we will attempt to keep the BABCP CBT Accreditation Pathway Handbook current and up to date, and we will draw your attention to changes, trainees should always check with Course staff and Moodle for information if in doubt. Information will be subject to changes relating to Department, College or University and Trust regulations and practices, as well as changes from BABCP.

**It is assumed that all trainees on the Pathway will have read and understood the contents of this Handbook.** Any matters relating to accuracy or interpretation should be raised immediately with a member of the Course team. We also welcome suggestions for improving the Handbook.

**Materials and resources referred to in this document can be downloaded by trainees from the relevant Moodle pages for the BABCP CBT Accreditation Pathway**

## i. PREFACE

This document serves to support those trainees who wish to become accredited by the British Association of Behavioural and Cognitive Psychotherapies (BABCP). It provides guidance and tools for building up a portfolio of evidence whilst on the Doctoral Course in Clinical Psychology at (DClinPsy) Royal Holloway, University of London (RHUL). This is not intended to replace the formal documentation and guidance which can be accessed from the BABCP website (see <http://www.babcp.com>), which should be read alongside this document. This includes the BABCP '*Standards of Conduct, Performance and Ethics*' (see <https://babcp.com/Standards>), with which all DClinPsy trainees on the BABCP CBT Accreditation Pathway must comply, in addition to their professional obligations under the HCPC and BPS (see the Course Handbook). These standards are available for download on Moodle and via the BABCP website.

All RHUL DClinPsy trainees receive the same academic CBT teaching and will have the opportunity to develop excellent CBT skills on clinical placement. This usually makes all trainees eligible for accreditation with the BABCP via the independent application route after some post-qualification supervised CBT practice and some other additional tasks.

From 2017 onwards, the BABCP has approved a specific 'Pathway' of CBT training through the DClinPsy Course. As such, trainees who follow this will have completed the Minimum Training Standards (MTS) set out by BABCP, automatically enabling them to apply for accreditation through the *Level 2 Accreditation* route as a CBT practitioner. This includes having achieved a minimum number of CBT practice hours supervised by a BABCP-accredited CBT practitioner, and having completed some additional CBT case reports as they complete the Doctorate.

Detailed information regarding the MTS for the practice of CBT can be found on the BABCP website <https://babcp.com/Minimum-Training-Standards>.

There are some specific requirements associated with the Pathway that restrict the number of places for trainees; in particular, the need for placements to be supervised by BABCP-accredited CBT practitioners. Not all supervisors offering CBT-focused placements are accredited with BABCP, which restricts the number of trainees able to pursue the Pathway. Trainees pursuing the Pathway must also complete additional CBT academic submissions and need to be able to do this alongside the regular DClinPsy academic submissions.

Because the CBT training offered to all trainees on the RHUL DClinPsy is comprehensive, the Pathway is best seen as a variation on the usual Course offering. This Handbook identifies the *additional* requirements associated with the Pathway. It is important for trainees and supervisors to have a clear sense of what is expected of them.

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## 1. ROUTES TO ACCREDITATION WITH BABCP

There are two possible pathways for DClInPsy trainees wishing to gain BABCP accreditation as a CBT therapist:

### 1.1 RHUL BABCP CBT Accreditation Pathway

The RHUL DClInPsy Course's accreditation by BABCP as a Level 2 Accredited Course means that the experiences of trainees pursuing the BABCP CBT Accreditation Pathway during the Doctorate will be tailored, where possible, to ensure they are able to fully comply with the BABCP training standards. This allows them to apply for Accreditation following their completion of the Course. Trainees will still need to submit an individual application form at the end of training and continue to be a member of the BABCP. However, the application process is much simpler than the individual accreditation route.

Trainees making an application for Accreditation through the Level 2 Accredited Course route are not required to submit the specific details of their clinical or academic experiences as part of the application process. Similarly, trainees are not required to submit any case material as part of their application. BABCP do not assess applicants' CBT competence (i.e., they will not 'mark' case reports). The DClInPsy Course monitors competence through the standard Placement Evaluation Form (PEF) process and BABCP Portfolio, using this as evidence of a trainee's abilities in CBT, and will inform BABCP at the end of DClInPsy training of the trainees who have successfully completed all elements of the Pathway (see [5.2 Finishing training – what to do next](#)).

### 1.2 Independent Accreditation Route

Trainees who are not on the BABCP CBT Accreditation Pathway will be able to apply for accreditation via the independent route after training if they so wish. They can log their relevant experiences during training, but their placement experiences are unlikely to meet the minimum supervised clinical practice requirement necessary for BABCP accreditation immediately upon completion of the DClInPsy. As such, they will likely need to seek further clinical practice under the supervision of a BABCP-accredited CBT practitioner; there are also additional academic requirements that they would need to fulfil. They will also need to complete an application form and have membership of the BABCP.

Contrary to applications made via the Level 2 Accredited Course route, trainees applying for Accreditation via the independent route are required to submit the specific evidence of their CBT-focused clinical and academic experiences as part of the application. However, it remains that BABCP do not assess competence and as such applicants should not submit case reports as evidence of their competence. Instead, it is recommended that applicants submit correspondence from the Course as evidence that they successfully passed each of the relevant academic requirements (case reports etc.).

Whichever accreditation route is pursued, successful applicants are initially recognised as having Accreditation. After 12 months they must submit their First Accreditation Audit. The

BABCP website provides further explanation of this process. All membership and application fees must be met by each trainee concerned.

## 2. BABCP MEMBERSHIP

As a trainee on the CBT pathway, you need to be a student member of the BABCP. This membership means that trainees are signing up to the CBT-specific '*Standards of Conduct, Performance and Ethics*' which protect both the public and the trainee themselves over the course of training. Membership of the BABCP gives you access to a lot of resources, including many webinars.

The current fee for UK & Ireland student membership is **£28.00** per annum (<https://babcp.com/Membership/Fees>) and the full benefits of membership and the procedure for applying for student membership are set out here: <https://babcp.com/Membership/Join-Uk>.

Student membership is only available to applicants with more than three months left before ending a period of study, after which the cost for full membership increases.

Trainees are responsible for their own application for BABCP Student Membership, although the BABCP CBT Accreditation Pathway Lead on the RHUL DClinPsy Course should be contacted if there are any difficulties experienced in applying for membership.

Membership numbers for trainees who complete the Pathway are required by BABCP as part of the process of approving those who have completed a Level 2 Course. As such, upon becoming a member, Pathway trainees should email these details to the RHUL BABCP Pathway Lead as soon as possible ([Katie.Ashcroft@rhul.ac.uk](mailto:Katie.Ashcroft@rhul.ac.uk)). It will not be possible for trainees to pass the Pathway and apply for accreditation via this route without being a member of the BABCP during training.

### 3. MTS: PLACEMENT-RELATED REQUIREMENTS

Trainees on the Pathway need to accumulate a minimum number of clinical hours gaining experience of practicing CBT as outlined by BABCP.

The specific CBT placement requirements are:

- i. across training, trainees need to have gained a minimum of **200 hours of CBT clinical practice**, and this must be appropriately supervised by a BABCP-accredited CBT practitioner including a minimum of **40 hours of supervision**; 1 hour of supervision for every 5 hours of CBT practice.
- ii. a subset of **eight 'exemplar' CBT training cases** needs to be identified from each trainee's overall caseload and formally documented (see [3.2 'Exemplar Cases'](#)).

In most instances, trainees on the Pathway will complete their two Year 1 placements under the supervision of a BABCP-accredited CBT practitioner. Supervisors do not need to hold BABCP-Accredited *Supervisor* status. For most trainees, Placements 1 and 2 will occur within the same service with the same supervisor (essentially seeming like a single 12-month placement). However, for some trainees it might be that Placements 1 and 2 are separate six-month placements with different supervisors. In principle – and where possible – both placements will be with BABCP-accredited CBT practitioners.

We are unable to guarantee that trainees starting on the Pathway will be able to be placed with suitably accredited supervisors after Year 1 due to the ever-changing nature of supervisor availability and trainees' needs. However, we will work hard to identify appropriate supervisors and support trainees completing the Pathway over the course of the Doctorate. Consequently, this may involve completion of additional CBT placements in either Year 2 or Year 3 of the Course. We will endeavour to align the needs of the Pathway against those of the Course as a whole, and trainees' needs and interests.

For trainees with two supervisors, or for those on a split placement across two teams or services, only CBT practice that is supervised by a BABCP-accredited CBT practitioner will contribute towards their BABCP supervised practice and supervision hours. Trainees may occasionally find that some pieces of clinical work are supervised by a colleague *other* than their named supervisor. Where this second supervisor is accredited with BABCP as a CBT practitioner, these hours will contribute to the 200+ hours of supervised CBT practice. If the supervisor does *not* have Accreditation, then the hours cannot be used to contribute towards the 200+ hours of supervised CBT practice, irrespective of a supervisor's experience working within a CBT framework.

**In instances where supervision arrangements change during a placement, trainees must let the Course know as soon as possible.** Where possible, the Course will support trainees and services to facilitate ongoing supervision by a BABCP-accredited CBT practitioner, but this may not be possible, and trainees should understand that internal reallocation of trainees within a clinical department is essentially out of the Course's hands.

Trainees should aim to get all their 200+ hours of supervised CBT practice, 40 hours of supervision and eight exemplar cases (including live observations) completed over the course of their Year 1 placements. However, this may be problematic if the trainee is on a split placement where one half of the placement is not supervised by an accredited CBT

practitioner, or where supervision arrangement changes, and a service is no longer able to provide supervision with a BABCP-accredited CBT practitioner. There are various options available to support trainees in 'topping up' the MTS accrued over Placement 1 and 2 in subsequent years of training to meet the basic MTS (see [3.6 Additional BABCP Pathway CBT Supervision](#)).

It is advised that during the pre-placement visit, trainees discuss the specific requirements of the BABCP Pathway with their supervisor, emphasising the need to develop a reasonable caseload as soon as possible after starting the placement.

### 3.1 Content of BABCP Placements

The content of placements supervised by a BABCP-accredited CBT practitioner needs to be monitored to ensure that the appropriate range of competences are covered and the required number of hours of supervised clinical practice are met.

There are **four** interlinked areas of CBT practice on placement that needs to be reported and trainees will log this using a BABCP Clinical Portfolio (see [3.5 'BABCP CBT Portfolio'](#)). This Portfolio stores details of the eight exemplar cases put forward as part of the accreditation process.

The four interlinked areas that need to be recorded are:

- i. Details of the **eight exemplar cases** put forward as part of the accreditation process.
- ii. Details of the **supervision** received.
- iii. The **range of CBT competences** acquired over the course of training.
- iv. Details of the **summative assessments** of clinical sessions – e.g., Cognitive Therapy Rating Scale – Revised (CTS-R) or the UCL Competence Rating Scale for CBT.

#### 3.1.1 Clinical work contributing towards the Pathway.

Trainees typically engage in a broad variety of clinical experiences across their placements, and beyond the carrying out of standard CBT protocols (i.e., 1<sup>st</sup>- and 2<sup>nd</sup>-generation CBT) with individual clients, the following are those that can contribute towards the 200+ hours of supervised CBT practice:

##### *3.1.1.1 CBT treatment groups*

CBT-focused treatment groups are appropriate to include in the number of supervised CBT practice hours, provided that the work is done under the supervision of a BABCP-accredited CBT practitioner. If the group is co-facilitated, the co-facilitator need not be accredited, provided that the supervision is with a BABCP-accredited CBT practitioner. Post-group review sessions as well as preliminary screening/assessment meetings would also count towards the total CBT practice hours.

Groups should not make up most of the 200+ hours of supervised CBT practice and cannot be used as exemplar cases.



Clinical hours for CBT group work are calculated in the same way as for individual work. For example, a 90-minute group that runs over 12 weeks will count as 12 x 1.5 clinical hours. It makes no difference to this calculation if the group is co-facilitated.

### *3.1.1.2 'Third-wave' CBT approaches*

'Third-wave' CBT approaches, including Compassion Focused Therapy (CFT); Acceptance and Commitment Therapy (ACT); Dialectical Behaviour Therapy (DBT); Meta-Cognitive Therapy (MCT); Mindfulness-based Cognitive Therapy (MBCT); and other mindfulness-based therapies, all fall under the 'umbrella' of CBT and therefore can contribute towards the 200+ hours of supervised CBT practice. However, BABCP stipulate that a "significant proportion" of the 200+ clinical hours should be standard CBT interventions, as referred to in the CBT Competence Framework (see the UCL CORE Competence Framework website: <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/researchgroups/core/competence-frameworks-2>), with evidence of applying this kind of CBT to anxiety and depression.

BABCP acknowledges that DClInPsy trainees often work with clients presenting with significant complexity. As such, it is not unusual for trainees to apply standard treatment protocols within a broader and more complex treatment plan. For example, a client presenting with chronic depression may benefit from a standard CBT protocol but may need some preliminary work to manage self-harm, dissociation, or substance misuse difficulties, some of which could draw on third-wave CBT approaches. Similarly, a trainee might work with a client with a psychotic presentation, or one of complex trauma, yet the specific intervention might be of a standard low mood or social anxiety intervention depending on some of the specific difficulties being presented. These cases are reasonable to include as CBT practice hours and could also be exemplar cases.

### *3.1.1.3 Remote working: telephone and online therapy*

Sessions conducted remotely, whether online or over the telephone, are acceptable within the BABCP's guidelines and therefore can contribute towards the 200+ hours of supervised CBT practice. For further information and advice about remote working and supervision, see <https://www.babcp.com/Accreditation/COVID-19-Guidance/COVID-19-PracticeSupervision-and-CPD-Guidance>.

### *3.1.1.4 IAPT telephone assessments*

For trainees completing placements in IAPT settings, telephone assessments and triage calls can count towards the 200+ hours of supervised CBT practice, but there should ideally be evidence of evaluation by a supervisor (e.g., through listening to and evaluating a recording).

Trainees are asked to trust their own judgement about what counts as 'CBT' during these assessments. Typically calls will be structured around the CBT model and as such would be considered appropriate to count as part of the 200+ hours of supervised CBT practice. However, telephone conversations with clients who want to reschedule their appointment or talk largely about matters related to housing, benefits, or legal matters, or whereby the trainee is signposting clients to an alternative NHS service, or third-sector, private or charitable organisations, would likely not count as CBT-informed and therefore should not be added to the Portfolio.

Low Intensity telephone screening assessments should only be a small proportion of the total clinical hours (no more than 10%).

#### 3.1.1.5 Behavioural interventions

Clinical work that which is predominantly behavioural with a limited cognitive component (e.g., behavioural activation, or a functional analysis with behavioural interventions in a learning disability setting) would still count as CBT (emphasizing the B in CBT), if the work is completed under the supervision of a BABCP-accredited CBT practitioner.

#### 3.1.1.6 Joint work

Joint work with a CBT focus – that is, clinical work done alongside a placement colleague (e.g., placement supervisor, another trainee, or another MDT colleague) – can contribute to the 200+ hours of CBT practice and is calculated in the same way as a piece of individual work. For example, two hours of joint work with a client alongside the placement supervisor will count as two hours of CBT practice. The person with whom the trainee is coworking does not need to be accredited with BABCP although the overall piece of work should be done under the supervision of a BABCP-accredited practitioner. Joint work does not include work *observed* by the trainee (e.g., observing the placement supervisor doing an initial assessment); the trainee should have an active role in the treatment with the client.

## 3.2 Exemplar Cases

Of the overall caseload totalling 200+ hours of CBT practice, **eight** CBT training cases need to be identified and reported on over the course of training. These are the 'exemplar' cases.

Each exemplar case will have been seen for an “**adequate dose of treatment**” as specified by the supervisor (usually no less than five sessions) and have been deemed by them as having reached a satisfactory standard. There must be 1 hour of supervision for every 5 hours of practice.<sup>1,2</sup>

Exemplar cases need to include:

Two different anxiety disorder presentations OR one anxiety disorder and a trauma/stressor-related disorder. The third exemplar case needs to be a mood disorder presentation.

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<sup>1</sup> This requirement might seem high, but trainees are encouraged to be mindful of the transferable nature of generic CBT skills discussed and practiced in supervision. For example, role-playing how to do an A-B-C, practicing Socratic Questioning skills, or discussing how to set an agenda or how to take homework feedback in an effective way might relate to several of your cases. As such, each supervision item could contribute to the total number of hours of supervision required for each case. Consequently, you and your supervisor need to be pragmatic in making this calculation.

<sup>2</sup> A supervisor listening to or viewing a recording of a session then offering feedback contributes to these supervision hours.

They would ideally be of moderate severity and chronicity and clients should be open to a structured treatment approach.

These cases should use the standard CBT protocols referred to in the previously referenced UCL CBT Competence Framework:

- Depression (including low self-esteem)
- Specific phobias
- Social phobia
- Panic disorder
- Obsessive-Compulsive Disorder (OCD)
- Generalised Anxiety Disorder (GAD)
- Post-Traumatic Stress Disorder (PTSD)

At least **two** (and usually three) of the eight exemplar cases should be the standard CBT protocols referred to in the previously referenced UCL CBT Competence Framework.

The rest could be of any presentation, given that the intervention was recognisable as CBT using a familiar model or formulation (and that there is NICE guidance or significant evidence of the use of CBT for that presentation). These remaining five or six cases could relate to CBT-based interventions for a variety of presentations which may include more complex difficulties including psychosis, bipolar disorder, eating disorders and clients with personality difficulties/complex trauma.

Competence frameworks were created for these, following the success of the Competence Framework for Anxiety and Depression. They can be found at:

- [CBT for Psychosis \(CBTp\) Competence List](#)
- [CBT for Bipolar \(CBT-BD\)](#)
- [Psychosis and Bipolar Competence Framework](#)
- [Personality Disorder Competence Framework.](#)
- [CBT for Eating Disorders \(CBT-ED\) Competence List](#)
- [CBT for Physical Health Conditions, including Diabetes, chronic fatigue, chronic pain, irritable bowel syndrome, non-dissociative seizure, neurological presentations.](#)

Unlikely or inappropriate exemplar cases would be those clients presenting with an adjustment disorder or a bereavement reaction with no maintenance cycle or without comorbid depression. Similarly, a primary problem of significant substance misuse would not be appropriate, nor would a client who presents with predominantly circumstantial or environmental difficulties (e.g., legal problems, asylum status, housing issues, benefits queries or matters related to domestic violence or safeguarding<sup>3</sup>). It is acknowledged that trainees often work with cases where these issues are part of the formulation, but where these are the dominant presentation rather than a focus on a CBT intervention, such cases should be avoided as exemplars.

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<sup>3</sup> Trainees on placements in more complex settings are likely to work with clients with some or all these difficulties alongside their predominant mental health difficulties. These cases are appropriate where the mental health problem would be the focus of the intervention: cases would not be suitable where the trainee predominantly acts as a care coordinator to support in resolving these factors.

Therapeutic groups are best avoided as potential exemplar cases due to the relative limited focus on assessment/formulation.

As stated previously, most of the CBT practice hours should demonstrate standard CBT interventions such as those listed in the UCL CBT Competence Framework, and this is particularly true for the exemplar cases<sup>4</sup>. Exemplar cases must follow the typical therapy trajectory, starting with an assessment<sup>5</sup> and formulation, then an evidence-based CBT intervention with a period of relapse prevention and ending.

To allow for client attrition, trainees are encouraged to consider all cases to be potential exemplar cases. Sadly, clients who drop out of therapy before the ending cannot count as an exemplar case, irrespective of any observations that have already been rated as competent. Nevertheless, all the CBT practice done with potential exemplar cases can count towards the overall CBT hours, even if the client disengages.

The eight exemplar cases do not need to come from the same placement. They can come from any placement across training so long as the focus is on applying a CBT intervention and the supervisor is a BABCP-accredited CBT practitioner. However, we would anticipate that of these eight exemplar clients, four will have been written up as case studies (see [4.2 'BABCP Pathway Case Reports'](#)). The four case studies *can* include those cases that are closely supervised, but this is not mandatory.

### 3.2.1 'Closely Supervised' Cases

The BABCP describes how at least **three** of the eight exemplar cases must be 'closely supervised' – defined by BABCP as cases that are:

1. **Formally monitored using audio, video or live (in vivo) observation.**

AND

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<sup>4</sup> It is acknowledged that there are additional associated CBT protocols with a good evidence base that would also come under the standard CBT banner (e.g., CBT for health anxiety, CBT for low self-esteem and Salkovskis model of OCD).

<sup>5</sup> It is acknowledged that in many services, clients will already have been seen for an assessment prior to their allocation to the trainee for treatment. Nevertheless, the initial sessions inevitably serve as a re-assessment of the client's needs as the trainee and client develop their therapeutic relationship and establish treatment goals prior to beginning the therapy.

2. Assessed as being at a **passing standard of competence** based on a formal rating of a complete mid-therapy session using the CTS-R or the UCL Competence Rating Scale for CBT<sup>6,7</sup>.

Of these three closely supervised cases from the eight exemplar cases, at least **two** must be the standard CBT interventions referred to in the CBT Competence Framework. In reality, it would be unusual for all three closely supervised cases *not* to be the standard CBT interventions referred to in the Framework given that one session from each of these cases needs to be rated as competent (see [3.2.1.1 Observations and recordings](#)).

### *3.2.1.1 Observations and recordings*

BABCP have sanctioned the use of the Cognitive Therapy Rating Scale – Revised (CTS-R; James, Blackburn & Reichelt, 2001) and the UCL Competence Rating Scale for CBT as means by which supervisors can formally monitor the CBT competence of trainees on placement. One or both can be used by supervisors during “live” observation of trainees’ work, although typically these measures are completed alongside audio/video recordings of trainees’ therapeutic work. Whilst other competency ratings scales are available, only these two measures can be submitted as evidence of Pathway trainees’ CBT competence. Please note that a score of 36 or more is competent on the CTS-R, half-marks can be used, and no minimum score on any particular item is required for the RHUL DCLinPsy CBT Pathway.

As part of the initial placement contract setting, trainees should arrange with their supervisor(s) a mechanism for which audio (or video where available) recordings of sessions can be safely transferred for viewing, including gaining consent<sup>8</sup>. Supervisors will then view the recording and provide both qualitative feedback as well as an overall summative score based on either completion of the CTS-R or UCL Competence Rating Scale for CBT. It is also possible that supervisors could provide formal feedback through live *in vivo* observation if this falls within their usual practice, or alternatively listening to the recording with the trainee and providing immediate feedback.

Trainees should forward evidence of the observation feedback to the Course for their records, respecting patient confidentiality, NHS Trust Information Governance policy and GDPR/Data Protection guidelines. The original recordings are not routinely required, although the Course will moderate a minimum of 10% of audio recordings of sessions and the feedback provided by supervisors to maintain appropriate reliability.

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<sup>6</sup>These rating scales are available to download from Moodle.

<sup>7</sup>Each of the three cases needs only one session to be formally rated as a pass. These cases need to include at least three different mental health presentations (such as anxiety disorders, depression, etc). Trainees should not submit multiple observation scores for the same case. Whilst this form of assessment is generally encouraged for formative purposes, for BABCP the three recordings must relate to three different closely supervised cases from the overall eight exemplar cases.

<sup>8</sup>Trainees should seek out the relevant NHS Trust’s policy and consent form for audio/visual recording of sessions.

Case material should ONLY be transported from placement to college on a secure password-protected encrypted memory stick following the relevant NHS Trust's Information Governance policy, respecting the client's confidentiality and maintaining Data Protection/GDPR principles.

### 3.3 CBT Group Supervision

Supervision received as part of a supervision group contributes towards the total number of hours of CBT supervision, providing that the supervisor is a BABCP-accredited CBT practitioner. To calculate supervision hours from group supervision, divide the hours of supervision by the number of supervisees in the group and then double this number.

For example, a weekly 90-minute supervision group with three supervisees (not including the supervisor) would count as one hour of supervision:

$$(1.5 \text{ hours} / 3) \times 2 = 1 \text{ hour}$$

### 3.4 BABCP CBT Pathway Placement Contracts

This checklist is intended to inform the contract-setting process for placements offering CBT experience that contributes to the Pathway. These should be seen as points for discussion rather than as an exhaustive list.

At the start of the placement, supervisors and trainees should identify what areas of CBT experience will be undertaken, the ways in which this will be supervised, and the ways in which this will be monitored. These arrangements can then be noted in the placement contract. In particular, the contract needs to identify:

- **The number and range of CBT training cases, and their expected duration**
- The arrangements for **supervising** these cases (bearing in mind the close supervision of three of the exemplar cases)
- The arrangements for **recording clinical sessions and the ways in which these recordings will be incorporated into supervision** (including arrangements for formative and summative appraisals)
- The arrangements for **recording the range of CBT competences** being acquired as the placement progresses (usually using the RHUL MPR and EPR documentation, as well as the ACE record), and for **using this tool to review placement content**.
- The arrangements for **logging clinical activity and supervision hours** (using the BABCP Placement Portfolio).
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### 3.5 BABCP CBT Portfolio

Trainees on the Pathway are required to maintain a BABCP Portfolio over the course of training. The Portfolio offers the opportunity to log all the relevant clinical practice and supervision information that relates to the BABCP standards for accreditation as a CBT Practitioner.

The Portfolio contains the following areas for which further detail<sup>9</sup> is required:

- **Supervision Log:** This needs to be maintained by the trainee, signed<sup>10</sup> off by the supervisor at the midpoint and end of each placement and submitted as part of the MPR and EPR paperwork. This should document brief details relating to the supervision received on CBT clinical work undertaken over the course of each BABCP placement, including individual and group-based interventions. This Log must be a record only of supervision provided by a supervisor who is a BABCP-accredited CBT Practitioner.
- **CBT Exemplar Cases:** The Portfolio details the eight exemplar cases and is an outline summary of each case. Trainees will also be able to identify their exemplar cases on their ACE log, although the Portfolio allows for some expansion on clinical elements of the case. The summary of the intervention sets out the 'trajectory' of clinical contact from referral through to termination, including a summary of the assessment, an overview of the formulation and associated treatment plan, an outline of case progression, any pre-post measures and their interpretation, including Subjective Units of Distress (SUDs). Also includes reports sent to the referrer or other relevant parties where available<sup>11</sup> (preferably an assessment summary or a discharge report as a minimum).
- **Supervised CBT Practice:** The Portfolio also provides a space to log brief details regarding CBT cases that trainees work with *outside* of the eight exemplars. This allows monitoring of the total number of hours of CBT practice completed under the supervision of a BABCP-accredited practitioner.

**Rating of Trainee CBT competence:** Direct observation of trainees' clinical practice should be a regular feature of supervision across all DCLinPsy placements. However, a specific BABCP requirement is that at least three of the eight exemplar cases referred to above need to have been formally rated *summatively* as competent, using either the CTS-R or the UCL Competence Rating Scale for CBT, with the choice of tool depending on the supervisor's preference and experience. Both tools set a baseline that indicates the minimum score required to indicate basic competence in CBT; all three complete mid-therapy recordings need to be scored above this minimum baseline. There is no restriction on the number of recordings that can be submitted to your supervisor for review, and this should be agreed as part of the contract-setting phase of the placement.

It is important that portfolios are submitted using the portal required at each MPR and EPR as this allows tracking of progress by the Pathway Lead. When completing the summary section, provide totals for hours of supervision, exemplar cases etc., cumulative over placements (i.e., numbers from placement one should be added to further placements).

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<sup>9</sup> Clients must consent for their information to be recorded on ACE before recording the same information on the BABCP Portfolio. In cases where clients decline consent, scant details can be recorded in the same way as they are recorded on ACE. These hours will still contribute to the overall 200+ hours of supervised CBT practice.

<sup>10</sup> Electronic signatures are acceptable in lieu of a wet signature.

<sup>11</sup> It is acknowledged that some services do not typically send assessment or discharge summaries, so these are requested only in the circumstances where this forms part of the regular service provision.

### 3.5.1 Submitting the BABCP CBT Portfolio

Trainees will submit up-to-date versions of their BABCP Portfolios at the midway point and end of each CBT placement as part of the PEF process. As such, trainees who do not achieve their MTS over Year 1 and who go on to complete an additional CBT placement in Years 2 or 3 will submit their updated Portfolio at each timepoint accordingly. Portfolios should be sent along with the standard MPR and EPR documentation (the PEF and Ace Record).

## 3.6 Additional BABCP Pathway CBT Supervision

For a variety of reasons – e.g., if clinical work is slow to get started, there are changes in supervisory arrangements, or the complexity of settings means that trainees have a lower caseload than some of their colleagues – some trainees may struggle to get the required 200+ hours of supervised CBT practice in the first year alone. In these instances, there are several options available:

### 3.6.1 Additional BABCP placements

For those trainees who need to meet a significant number of the MTS following Placements 1 and 2 – particularly those requiring more than approximately 30 hours of supervised CBT practice – it is likely that a subsequent placement in Year 2 or 3 with a supervisor who is a BABCP-accredited CBT practitioner will be the best means by which trainees can achieve these.

Trainees should be prepared for the fact it may not be possible to identify another core placement (in child, learning disability or clinical health psychology/older adult settings) with a BABCP-accredited CBT practitioner. If this is the case, then they may need to either choose a specialist CBT placement in Year 3 or apply for accreditation through the independent route after training after gaining 'top-up' supervised practice.

Placements with BABCP-accredited CBT practitioners are extremely limited in number and it is not possible to guarantee that a placement will be available to all trainees requiring an additional placement. Decisions will be made on trainees' individual training and competency needs.

### 3.6.2 Internal supervision with a RHUL tutor

Trainees requiring fewer than approximately 30 hours of supervised CBT practice following Placements 1 and 2 will be offered a space in a specialist CBT supervision group in either Year 2 or 3, based on them engaging in some CBT-focused clinical work as part of their placement.



These groups will be facilitated by a BABCP-accredited member of the DClinPsy Course team. Trainees will be allocated to a supervision group of no more than two trainees. Supervision groups will last for 60 minutes and occur on a fortnightly basis over ten weeks<sup>12,13</sup>. As such, each trainee will have 30 minutes per supervision meeting for their cases; as per BABCP guidance on group supervision (see [3.3 CBT Group Supervision](#)), this will count as one hour of supervision for each trainee. Supervision sessions will be scheduled during placement time with the agreement of each placement supervisor.

The RHUL BABCP Pathway Lead will write to each placement supervisor of the internal supervision group members to inform them of the provision of additional supervision to meet BABCP MTS and will explain that the placement supervisor will retain clinical responsibility for clients discussed; RHUL supervisors will not hold clinical responsibility for clients brought to these internal supervision groups.

Given that the internal supervision will occur concurrently with placement supervision, trainees are encouraged not to bring supervision questions that are overly specific to a client's treatment plan (e.g., "*What do I do next?*") as these questions are more appropriately discussed with a trainee's main placement supervisor and will be informed by the predominant treatment approach and general service provision. Instead, the RHUL supervision aims to be *thematic* in nature, informed by their current CBT practice, and trainees are encouraged to bring issues related to their placement cases that touch on themes of their CBT practice such as process issues in the therapeutic relationship, appropriate use of affect in sessions, feeding back a formulation, Socratic questioning with complex presentations, managing engagement, working with therapist's own emotions, appropriate self-disclosure, agenda-setting with complex clients etc.

### 3.6.2.1 Confidentiality

Trainees will be encouraged to feed back the content of the RHUL internal supervision with their placement supervisors to bring together both forms of client discussion. Given that clinical material will be shared across institutions, trainees will be required to ensure that information is transferred in a GDPR-compliant manner in line with the relevant NHS Trust's Information Governance policy to avoid personally identifiable data (PID) from being shared inappropriately. The use of first names only, client initials or pseudonyms, as well as anonymised formulations and case material would likely minimise the risk of exposing PID.

Trainees are responsible for investigating their local NHS Trust's Information Governance policy and sharing this with the RHUL internal supervisor as required.

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<sup>11</sup> This is calculated based on the BABCP stipulation that accredited CBT practitioners working fulltime in clinical practice will receive 90 minutes of supervision every three weeks. As trainees are on placement on approximately a half-time basis (allowing for teaching, placement-related study time and research days), this equates to 45 minutes every three weeks; our provision therefore comfortably meets the requirements of BABCP.

<sup>12</sup> This timescale is subject to change based on trainees' requirements.

### 3.6.2.2 Additional exemplar cases

All Pathway trainees are encouraged to prioritise gaining their eight exemplar cases across Placements 1 and 2. However, it is recognised that a minority of trainees offered internal supervision will require one or two additional exemplar cases. As such, the standard requirements remain: each case will have been seen for an “adequate dose of treatment” (see [3.2 Exemplar Cases](#)).

In the rare event that a trainee requires additional **closely supervised exemplar cases**, they will provide their internal RHUL supervisor with a recording of a treatment session for formal monitoring using either the CTS-R or the UCL Competence Rating Scale for CBT. These observations will contribute to the five hours of supervision. Each trainee will be responsible for arranging the secure transmission of files in a way that is GDPR-compliant and consistent with their NHS Trust’s Information Governance policy. Agreement with the RHUL supervisor regarding date of delivery, supervision question and other specific issues for feedback will be defined in the supervision session prior to the recording being sent. Equally, segments of recordings can be reviewed in supervision, thereby removing the necessity for the supervisor to have received the recording in advance.

### 3.6.3 Stepping off the BABCP Pathway

As a last resort, and likely because of extraordinary circumstances over Placements 1 and 2, it is possible that some trainees may need to ‘step off’ the BABCP Pathway completely. This is likely to be the case where trainees have a significant number of the MTS outstanding whereby a third placement with a BABCP-accredited CBT practitioner would still not allow a trainee to acquire the expected requirements, and a fourth BABCP placement would significantly impact on a trainee’s breadth of experience over clinical training and therefore would not be indicated.

In these circumstances, trainees should initially discuss the possibility of needing to step off with the Pathway Lead as soon as is possible so that a rescue plan might be developed to maintain their progression on the Pathway. Due to the precious nature of spaces on the Pathway, we aim to support all trainees in completing the MTS and as such would aim to avoid trainees from not continuing with the Pathway unless it was necessary. As such, the earlier the Course are aware of the possibility of not being able to achieve the MTS, the better-equipped we are to intervene. The Pathway Lead will discuss all trainees who are concerned with their progression with the Course Executive and a shared agreement will be reached and discussed with the trainee.

## 4. MTS: ACADEMIC REQUIREMENTS

To meet the standards necessary to be accredited by the BABCP, applicants need to evidence that they have received theoretical and skills training in CBT as well as supervised clinical practice.

## 4.1 Taught CBT Recognised Specialised Training

Trainees need to have at least **200+ hours** of CBT-related academic teaching, usually delivered by BABCP-accredited CBT practitioners (or, where this is not the case, monitored by a BABCP-accredited CBT practitioner). About half of this teaching should be skills development. In addition, trainees need a further **250** hours of timetabled self-directed CBT teaching comprising, for example, self-study/following-up on teaching, preparation of case reports/exam revision, informal practice and role play with colleagues (outside of formal teaching sessions) and placement-related study in preparation for clinical work.

The academic timetable includes more than 200+ hours of face-to-face teaching, so full attendance at the relevant lectures across the three years of training automatically meets this criterion (the Course takes responsibility for ensuring that this teaching is delivered and monitored by the appropriate personnel). Trainees are not required to log the individual CBT teaching provided by the Course as the curriculum and timetable have already been scrutinised by BABCP as part of the initial Level 2 Accreditation process.

The 250 hours of CBT-related study is accumulated through the study time allocated on placement and timetabled study days, as well as the self-directed study inherent to a Doctoral Course. As such, there are no *additional* demands regarding teaching or self-directed study for trainees on the Pathway above those that are typical Course requirements.

## 4.2 BABCP Pathway Case Reports

BABCP require that trainees submit to the Course a total of **four** CBT treatment cases which have been written up in detail as clinical case studies.

All DClInPsy trainees on the Course submit **three** Reports of Clinical Activity (RCAs) over the course of training as part of the standard DClInPsy academic requirements. **Two** of these submitted for the DClInPsy<sup>13</sup> can be used as BABCP Pathway case reports provided they relate to CBT work done under the supervision of a BABCP-accredited CBT practitioner. The structure, content and evaluation of the RCA as described in the DClInPsy General Handbook meets the BABCP clinical case study criteria.

In practice, trainees on the Pathway will submit their first Report of Clinical Activity (RCA<sub>1</sub>; see [4.2.1 Report of Clinical Activity \(RCA<sub>1</sub>\)](#)) and the Reflective Practice Assignment (RPA, submitted as RCA<sub>2</sub>; see [4.2.2 Reflective Practice Assignment \(RPA; RCA<sub>2</sub>\)](#)) as part of the standard DClInPsy assessment requirements. These two submissions will also count as two of the four BABCP Case Reports, presuming that these are composed of clinical material supervised by a BABCP-accredited CBT practitioner.

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<sup>13</sup> DClInPsy Course regulations, as set by the BPS, specify that the set of case reports should describe **more than one therapeutic modality**, meaning that at least one of the case reports will describe an intervention that is **not** CBT. RCA 3 is submitted later in training and reflect clinical work that is unlikely to have been supervised by a BABCP-accredited CBT practitioner and as such cannot be submitted as a BABCP case report.

Two additional case reports will be submitted specifically for BABCP accreditation (see [4.2.3 Additional Case Reports](#)).

**Any case reports submitted as a BABCP case study must relate to clinical work that has been supervised by a BABCP–accredited CBT practitioner.**

Case material should come from work completed with four of the trainees’ eight exemplar cases. As per Course guidelines, it is not permitted for trainees to submit multiple reports reflecting case material from the same piece of clinical work.

It is not necessary for case reports to reflect work done with the three closely supervised cases. As such, the case reports do not need to correspond with the recordings or observations rated as competent.

#### 4.2.1 Report of Clinical Activity (RCA<sub>1</sub>)

Trainees on the Pathway should write RCA<sub>1</sub> with material taken from one of the eight exemplar cases that have been supervised by a BABCP-accredited CBT practitioner. Ideally this submission would reflect work done with clients using standard CBT approaches listed in the CBT Competence Framework referenced earlier in this Handbook. However, it is acknowledged by BABCP that DClInPsy trainees typically work with complex cases, and this is likely to be reflected in the work submitted as case reports.

Guidance for the structure and submission of RCA<sub>1</sub> is detailed in the General Handbook.

#### 4.2.2 Reflective Practice Assignment (RPA; RCA<sub>2</sub>)

Trainees on the Pathway will submit the RPA (submitted as ‘RCA<sub>2</sub>’) as the second of their four BABCP case reports, provided that case material is taken from clinical work supervised by a BABCP CBT practitioner. As with RCA<sub>1</sub>, this report should be written with material taken from one of the eight exemplar cases that has been supervised by a BABCP-accredited CBT practitioner and would ideally reflect work done with clients using standard CBT approaches listed in the CBT Competence Framework referenced earlier in the Handbook. As stated, it would not be permissible to submit case material for the RPA that has already been submitted for RCA<sub>1</sub>; each case report must reflect a different client.

Guidance for the structure and submission of the RPA is detailed in the General Handbook.

#### 4.2.3 Additional case reports

As stated, trainees on the Pathway need to submit an additional two CBT case reports in addition to the standard RCAs submitted by all trainees. Each additional case report will be an extension of the information about one of the eight exemplar cases in the trainee’s Portfolio and will ideally reflect work done with clients using standard CBT approaches listed in the CBT Competence Framework. It is not necessary for the additional case reports to be those cases identified as ‘closely supervised’ and therefore do not need to be one of the three cases whereby there has been an observation rated as competent, although there is no restriction on trainees writing up these closely supervised cases if they so wish. We

recommend that the four case studies (RCA<sub>1</sub>, RPA and two Short Reports) cover at least three different presentations and/or treatment protocols. It is suggested in the interest of your learning that the four submissions reflect four different presentations/applications of CBT if possible.

For trainees on the Pathway, the additional two case reports should each be a 2,000-word CBT case report documenting a piece of work that meets the criteria for Exemplar Cases.

The submission date for the additional two reports will be published on the trainee schedule of submissions available on Moodle. If a trainee needs to submit one of their additional BABCP case reports after this time, for example if they have been unable to meet the MTS over Year 1 and are completing additional CBT placements in Year 2 or 3, then special dispensation can be requested from the Course.

The structure of the additional case reports submitted for the Pathway should mirror the structure of a standard RCA as detailed in the General Handbook, albeit with a much-reduced word-count. Trainees might typically want to remove the alternative formulation section and consider the level of detail required to illustrate the work completed with each client when writing these abbreviated case reports. BABCP guidance is available on Moodle.

The additional case reports submitted for the Pathway will be marked against the same criteria as presented for a standard RCA as documented in the General Handbook, considering the length of the document. The pass/fail gradings are the same as for submissions of a standard RCA.

#### *4.2.3.1 Failing the Additional BABCP Pathway Case Reports*

As with the standard DClinPsy policy detailed in the General Handbook, short case reports submitted for the Pathway will be awarded a "Pass" or "Fail" grade. In the case of a failing grade, the feedback should provide clear guidance about the reason for the failure and what would be required to bring the piece of work up to a pass grade. The resubmission should be submitted within four weeks of receiving the feedback. If this resubmission is also failed, then whilst it will not constitute failure of the Course, the trainee will no longer be able to pursue the Pathway (providing there are no extenuating circumstances).

## 5. PASSING AND FAILING THE CBT PATHWAY

Although not included as part of the Course regulations for the DClinPsy, progression on the Pathway will be reported to and monitored by the Examination Board, and the Course will inform BABCP when trainees have successfully completed and passed all the submission requirements detailed in this Handbook (see [5.2 Finishing training – what to do next](#)).

Trainees on the Pathway will need to submit their finished BABCP Portfolio by the end of Year 3, complete with relevant signatures from placement supervisors. It is each trainee's responsibility to get the relevant supervisor to sign the document.

All elements of the BABCP criteria need to be passed for the trainee to be deemed to have passed the Pathway, and BABCP will only be notified when trainees have successfully completed all elements of the DClinPsy Course and had their award confirmed by the Exam Board.

## 5.1 Stepping off the CBT Pathway

We appreciate that the demands of the Pathway are additional to those of the DClinPsy Course, the completion of which always takes precedence. If the Course or trainee is concerned about trainee progression on the Course, or a trainee's progress is conflicting with the Pathway then this should be raised with the personal tutor and/or the RHUL BABCP Pathway Lead.

We aim to support all Pathway trainees as best we can to remain on the Pathway, and the default position of all trainees is that they remain on the Pathway throughout training even if they haven't achieved all the required clinically relevant MTS during Year 1, as it is possible that we can support trainees in acquiring these later in training.

Trainees should not decide to step off the Pathway independent of a discussion with the Pathway Lead given the limited number of spaces available compared with the number of trainees keen to pursue it.

There are some circumstances where trainees will 'step off' the Pathway. This will often be agreed in collaboration with the Course team via the BABCP Pathway Lead, particularly in instances where the trainee has been unable to acquire the requisite number of CBT practice hours, and to meet the minimum number would require further placements that might limit the trainee's opportunity to gather a broader level of therapeutic competences.

Should a trainee fail either of the additional short case reports on a second attempt following an initial 'Fail' grade being awarded, they will be considered to have failed the BABCP Pathway and will not be eligible to apply for accreditation following the end of clinical training. However, unlike other pieces of coursework submitted by all trainees for the award of DClinPsy, a second fail on either of the brief reports would not mean that the trainee has failed the Course but simply would no longer continue to pursue the Pathway.

In very rare circumstances, trainees may need to step off the Pathway if they were to fail a CBT placement supervised by an accredited CBT-practitioner and where an additional placement with a suitably accredited practitioner is not available.

Even if trainees were not to complete the Pathway for any of the reasons above, they will likely still be able to apply for accreditation via the independent route (rather than via the Level 2 route) at some point after graduation and after making sure they have completed any additional outstanding tasks (e.g., supervised hours, case reports etc). There is a document on Moodle called 'Accreditation Information for non-Pathway trainees' with more information.

## 5.2 Finishing training – what to do next.

At the end of training, the BABCP Pathway Lead will inform BABCP of all Pathway trainees who have successfully completed the Course and have acquired the necessary MTS by sending off a 'Pass List' (see the BABCP Pathway MTS checklist uploaded to Moodle). It is necessary for each graduate's BABCP membership number to be sent as part of this, hence the instruction to become members for the duration of the Course.

The 'Pass List' can only be sent for graduates whose DClInPsy has been confirmed by the Exam Board. As such, any trainees who have an out-of-sequence viva exam for their thesis or have thesis amendments or an additional placement (or have any other reason that means that their DClInPsy award does not coincide with the end of training) cannot be recorded yet as having passed. It is the trainee's responsibility in these instances to keep the Pathway Lead informed once their award has been confirmed so that an updated 'Pass List' can be sent, after which each graduate will then be able to apply.

Graduates will be able to make an individual application for Level 2 Accreditation following the instructions and guidance on the BABCP website (<https://babcp.com/Accreditation/Provisional-Accreditation/Level-2-ProvisionalAccreditation>). There is a fee of £169.00 payable to BABCP as part of the Accreditation application process. Trainees are individually responsible for this. There is no time limit for applying after you graduate, although it would be useful to inform the Pathway Lead once your application has been approved.

The application form asks that you have been accountable to a 'senior member of a mental health profession' for a period of 12 months after completion of your core professional training. For candidates completing the DClInPsy, the BABCP have agreed that Years 1 and 2 count as your training in a core profession, and therefore the final year of the DClInPsy counts as the period of 12 months following completion of core professional training. You should list your final year placement supervisor(s) as the senior member(s) of a mental health profession – it is not necessary for these supervisors to be accredited with BABCP nor do they need to practice CBT; this is simply evidence of you having been working in clinical practice and having been accountable to a senior member of the profession.

Your doctorate is your core profession and therefore you do not need to submit a completed Knowledge, Skills, and Attitude (KSA) framework. It might be useful to include a scanned copy of your DClInPsy certificate to support your application.

For trainees who were unable to achieve all the BABCP MTS, it is still possible to use the BABCP standards acquired to-date to apply for individual accreditation post qualification. There is a vlog and document available to trainees with more information on this process on Moodle, as well as information available on the BABCP website (<https://babcp.com/Accreditation/Provisional-Accreditation>).

## CONTACT AND SUPPORT

The Pathway depends on the partnership between placement supervisors, trainees, and the Course team.

Dr Katie Ashcroft is the RHUL BABCP CBT Accreditation Pathway Lead on the DClInPsy Course, and any queries can be sent directly by emailing [Katie.Ashcroft@rhul.ac.uk](mailto:Katie.Ashcroft@rhul.ac.uk).

Michelle Watson is the Student & Course Administrator for the DClInPsy and as such should be contacted regarding any placement administration matters ([Michelle.Watson@rhul.ac.uk](mailto:Michelle.Watson@rhul.ac.uk)).

Trainees on the BABCP pathway will be supported by regular lunchtime meetings, typically at least once each term over the first year of training, with the BABCP Pathway Lead who holds BABCP accreditation themselves. These meetings will promote mutual support amongst pathway trainees as well as providing a way for the Lead to monitor and advise on progress through the pathway. The Pathway Lead will communicate with Clinical Tutors and the Clinical Director at the time of placement allocations as trainees on the pathway may have special requirements that need consideration when placements are allocated.

### 6.1 Moodle

A BABCP CBT Accreditation Pathway section can be found on Moodle through which trainees can access various documents related to the Pathway, including a copy of the BABCP Portfolio, the MPR checklist, as well as the various observation measures, BABCP policies and relevant information for supervisors referenced in this Handbook.

There is a Forum to which questions can be posted and the Course will respond as soon as possible. For any queries relating to the Pathway, trainees should check the Forum initially to see if the question has already been posted and, if necessary, post the question via the Forum so that others can benefit from the information being shared. For matters that are more personal or idiosyncratic, email the Pathway Lead directly.

### 6.2 BABCP

The BABCP website – <https://www.babcp.com/Default.aspx> – is an excellent resource and has lots of information about BABCP Accreditation. The Course recommends you check the website for information and clarity where necessary, but for any specific questions regarding the RHUL Pathway, trainees should discuss with the Course directly via the BABCP Pathway Lead rather than contacting BABCP.