NORTH LONDON DOCTORAL PROGRAMMES IN CLINICAL PSYCHOLOGY

PLACEMENT QUALITY MANAGEMENT

This document refers to the placement as a learning environment and any issues related to supervision and placement quality. Any concerns about professional practice of colleagues or supervisor's professional practice will need to also make reference to NHS complaints procedures within the Trust.

Why do we monitor placement quality?
Trainees spend 50% of their 3-year programme on placement and the provision of good quality placement is essential to their success. We have excellent supervisors who dedicate considerable time and thought to trainee education on placement. Training in Clinical Psychology is a partnership; learning takes place both in college and on placement, and as such it makes sense that the quality of the educational experience is monitored in both locations. This is reflected in the Health Education England (HEE) placement quality standards which identifies the responsibility of Trusts to provide clinical education and to ensure that this is of a good quality. This is confirmed by the Learning Development Agreements held between HEE, Trusts and Higher Education Institutions (HEI's) (soon to be replaced by the New NHS Education Contract in 2022). It is the basis for the payment of placement tariffs to Trusts by HEE.

How do we monitor placement quality?
All North London DClinPsy programmes use a Placement Quality Audit (PQA): Trainees and supervisors offer feedback on placement quality through the mid-placement and end-placement review process. Each time a placement is used both comment on placement resources, supervision quality, learning opportunities etc., and HEIs use this feedback to assess the placement quality against the HEE placement quality standards (see the end of this document). HEIs give a red, amber, green rating related to placement quality, to note any strengths or concerns and detail actions that are required to improve placement quality where necessary. The information recorded as part of the PQA is held on a password protected database which is accessible to all the programmes as placements are shared between UCL, UEL and RHUL.

By evaluating feedback routinely (rather than only doing so when problems arise) courses can highlight the good practice that characterises the vast majority of placements and supervisors, and ensure that the impressive level of commitment to training within the profession is appropriately represented.

The HEE and BPS detail a range of placement and supervision standards which are used to inform the Placement Quality Audit rating. These are detailed at the end of this document.

How do we respond to placement quality concerns?
Feedback about placement quality is openly shared at the Mid-Placement and End-Placement Review (MPR/EPR). Supervisors should be aware both of positive feedback and any areas of concern. Sometimes the feedback is supplemented by information given by trainees at other points

in the placement cycle, or by further meetings or contacts that have taken place with the supervisor, but again this means that supervisors should usually already be aware of the content of any feedback.

When concerns are expressed about placement quality our response to feedback depends on the level and nature of the concerns.

Managing amber rated concerns

Amber concerns relate to minor difficulties in the placement quality or supervision, such as irregularity of supervision, difficulties establishing a good supervisory alliance, limited opportunities for observation or a narrow range of clinical casework. Most amber level concerns are identified and managed at the Mid-Placement Review (MPR), they are usually easily dealt by direct discussion and negotiation between the programme visitor, the supervisor and the trainee. By the end of the placement they will likely be resolved.

Programmes know that minor concerns sometimes reflect issues that arise only for a specific trainee, or are attributable to temporary problems with service organisation or supervisor workload. Programmes will note the concerns on the PQA and will monitor the placement to check whether the difficulties persist or recur, which may result in escalation of concerns within the PQA process.

The MPR is a formal mechanism for managing quality issues. However, 'informal' contact between the programme and the supervisor can be very useful. Programmes routinely speak to trainees to see how placements are progressing, and supervisors should contact the programmes directly if they have any concerns themselves. Because early intervention is often more effective than waiting for problems to become entrenched, programmes are keen to keep these 'informal' channels of communication as open as possible.

Managing red rated concerns

More rarely, a problem emerges that raises concern either about the provision or quality of supervision, or the clinical capacity of the supervisor or significant problems in relation to the placement experience. In such instances programmes have a duty of care to trainees, and potentially to patients, and on this basis we would need to manage these concerns in a more formal manner.

Examples of red rated concerns might include:

- offering extremely limited opportunities for supervision (e.g. persistently cancelling supervision sessions, or leaving the trainee unsupervised for a protracted period)
- major deviations from accepted good practice in supervision. Usually this would reflect a series of issues rather than a single instance – for example, always allowing supervision sessions to be interrupted by phone calls or other demands, a supervisor talking about their own clinical work rather than that of the trainee, or acting in a manner which emphasised status differences between trainee and supervisor
- clear evidence that the quality of supervision falls significantly below the standard expected of a qualified psychologist (e.g. offering advice at clear variance with accepted professional guidance, minimal or absent knowledge of usual theory and practice for the clinical context)
- serious doubts about the clinical competence of the supervisor

- evidence of unethical professional practice, e.g. bullying, discrimination, or harassment experienced by the trainee, inappropriate behaviour or inability to maintain professional boundaries in supervision.
- breaches of the BPS or HCPC standards of conduct and professional practice
- breaches of standard NHS policies and procedures

If a trainee raises a concern about placement quality at this level, in line with NHS/HEI principles and procedures, programmes would initially mount a confidential investigation, to ensure that there were appropriate grounds for the concern. A member of the programme team would usually meet with the trainee to consider the issues being raised.

If, after discussion, the matter was felt to warrant further investigation the programme staff would aim to contact the supervisor to raise the concerns directly and - usually – promptly. The spirit of this meeting would be open rather than adversarial, with the aim of clarifying concerns and agreeing a suitable plan to address the concerns. Programme staff will usually liaise with senior staff on the programme and the placement list holder (who may be a staff member at one of the other universities within the three courses) and at placement to agree a suitable plan of action. We would usually involve line managers in this process by informing them about the action plan. The concern and the action agreed would be noted on the PQA database as detailed above and reviewed every 6 months by the 3 programmes until resolution at which point the RAG rating would be revisited. Programme staff would monitor the effectiveness of any action plan with the supervisor for the next placement offered. If difficulties persist or recur in future placements action may need to be taken to cease placements for this supervisor.

Some concerns will be sufficient that (in line with professional guidance) we are required immediately to inform the supervisor's professional or line manager. (Examples would be practice which appears to be at significant variance with acceptable standards, or breaches of the HCPC guidelines, BPS Code of Conduct and/or relevant Trust procedures). Supervisors would of course be informed of this action. It has to be stressed that this step would not be taken unless careful discussion with senior programme staff indicated that such a step was warranted.

The issue of when the concern is communicated to the supervisor is important: trainees sometimes request that such discussions occur only *after* they have left the placement (because they worry that their feedback will influence a supervisor's evaluation of their performance). We need to be attentive to such requests, and we may delay taking the matter further until the MPR, or after the placement ends. However, if the programme or placement list holder assess that the concerns need to be raised sooner in order to be in accordance with codes of conduct, HCPC guidance, etc., we would normally override the trainee's anxieties and take up the issue directly and immediately.

Because the three North London programmes work closely together to undertake placement allocation, it is right that there is some internal discussion of serious placement concerns. In this sense, any investigations described above would be carried out on behalf of all three programmes.

Feedback to students and supervisors following a concern
Confidentiality often limits how much programmes can share with trainees directly about how the concerns are being managed with individual staff. Likely outcomes are that supervisors might undertake additional training, co-supervision may be set up to support skills, the placement may be used again and monitored closely, or the placement provision may cease. The programmes will endeavour to feedback as much information as possible to the individual trainees or supervisors about the progress made on the action plan that has been put in place where appropriate.

Complaints

If trainees wish to make a complaint about the professional practice of colleagues, their supervisor's professional practice or concerns about bullying and discrimination on placement the complaint should follow the complaints procedures of the host organisation. The student needs to inform their HEI about the complaint and the tutors will be available to offer guidance and support where required.

If there are any concerns about placement management by programme staff it will be necessary for trainees and supervisors to refer to the guidelines for complaints at their University.

If you have any questions relating to the quality management of placements you can contact;

Helen Pote, Clinical Director, RHUL (h.pote@rhul.ac.uk)
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HEE placement responsibilities as detailed in the New NHS Placement Contract (2021)

6. Placement provider responsibilities

6.1 placement providers shall identify and appoint sufficient numbers of clinical educators to enable the services to be provided in all respects and at all times in accordance with this contract. Placement providers are responsible for the management of clinical educators.

6.2 placement providers shall enable educational and clinical educators to participate in education and training events such as recruitment and assessments.

6.3 placement provider shall ensure clinical educators have the appropriate time built into their job plans, roles, and workload to undertake their role appropriately as a clinical educator.

6.4 placement providers shall ensure clinical educators have access to continuing professional development, specifically in their role as a clinical educator.

6.5 placement providers must ensure for educational and clinical educators that the appropriate time is built into their job plans, roles, and workload to undertake the activities specified in clause 6.2 to support development of learners.

6.6 placement providers must ensure that appropriate supervision and clinical education for learners is provided at all times during the term. Placement providers must ensure that supervisors meet the HEE Quality Framework and Regulator Requirements on Supervision.

6.7 placement providers should fully integrate education and training into their plans for clinical services, in order to ensure that educators and supervisors are able to fulfil their obligations to continue to grow the workforce and to support learners.

6.8 the placement provider must perform the services in compliance with: NHS education contract v1 - published November 2020.

(a) all applicable equality law (whether in relation to race, sex, gender reassignment, age, disability, sexual orientation, religion or belief, pregnancy, maternity or otherwise);

(b) any HEE equality and diversity policies, or other reasonable requirements relating to equality or diversity, communicated to it by HEE;

(c) the HRA as if it was a public authority for the purposes of that act; and

(d) widening participation plans by the education provider.

6.9 placement providers shall offer placement shifts to learners which may take place within 24 hours per day and 365 days per year including:

(a) both on and off a business day, where they operate;

(b) both within business hours and outside of business hours. Where they operate; and

(c) which are outside the local area of the learner to that learner if requested by HEE or an education provider.

6.10 the placement provider shall ensure that, in partnership with the education provider, they are compliant with relevant regulator's obligations.

HEE standards for Learning Environment & Culture as detailed in the HEE Quality Framework (2019-2020)

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.