

## **SECTION 27: PROCEDURES RELATING TO PASSING AND FAILING PLACEMENTS**

Failed placements are relatively uncommon occurrences but, as in any professional training, there will be times when a trainee is significantly underperforming and/or progress is not being made, and the possibility of placement failure arises. Although raising concerns about underperformance can be difficult for the supervisor and traumatic for the trainee, the gatekeeping role of the supervisor and the course is important. The profession has a duty of care to the general public, and it is important that we identify individuals who are not making progress on the course.

This section describes the criteria that are used to judge when a placement is failed, the procedures the Course will follow if placement failure is indicated at any stage of the placement, and the procedure for appealing should the Examination Board ratify a decision to fail a placement.

When reading what follows, it is helpful to bear in mind that:

- The criteria used to set-up, to monitor and to evaluate placements are described in Sections 7-10, and 11-16 of the Training Handbook.
- For the purposes of the Examination Board all placement activity is treated as 6-month placement periods. On this basis one-year placements are made up of two 6-month placement periods, each of which needs to be passed successfully.
- Supervisor's judgements form a recommendation to the Board of Examiners. The Board of Examiners considers the appropriateness of the supervisor's judgements. For this reason supervisors cannot fail a placement, but can refer the trainee to the Examination Board.

### **CRITERIA USED TO JUDGE THE SIGNIFICANCE OF POOR PLACEMENT PERFORMANCE**

There can be a number of reasons for a trainee's work on placement being problematic. Trainees should be reassured that the Course will take into account any factors which contribute to under-performance, and which are not directly related to clinical competence. For example, learning will be reduced if trainees are under stress (as would be the case if they are seriously ill or have suffered a major bereavement), there is only limited experience available in a placement, or supervision is problematic.

Specific difficulties on placement are not always grounds for failure. Decisions to fail placements will depend on a judgement about the gravity and significance of the difficulty, and evidence that no or little learning is taking place even when appropriate training and supervision has been given.

## **PART B – Overall evaluation of placement Supervisor(s) to complete at MPR**

### **Factors which may be relevant to judgements**

Stage of training: As described more fully in Section 11, supervisors' appraisals will take into account the stage of training. The standards required of trainees will shift across the three years of the programme, and this will be reflected in the significance with which any problems are viewed. A trainee might pass an early placement because they are given the benefit of the doubt – difficulties are attributed to inexperience rather than a lack of ability. However, if the same problems recurred in later placements this might indicate that learning is not taking place, and could lead to a judgement that the required standards are not being met.

Performance in previous placements: Although judgements usually relate to performance in a particular placement, a trainee's "history" is relevant. For example, if supervisors in successive placements raised the same concern this would be relevant to judgements by the Board of Examiners about the significance of poor performance.

Opportunities available on placement: Factors relating to the service within which the placement is located may restrict or limit the experiences of the trainee, and hence their performance. The MPR visitor will need to be involved in such cases.

Wellbeing of the trainee: Extenuating circumstances (such as illness or major life-events) will make it harder for the trainee to learn while on placement. The course and the MPR visitor will need to be alerted by the trainee, as early as is possible, in such cases, especially when the impact of external events is enduring.

## **SIGNALLING CONCERNS ABOUT PLACEMENT PERFORMANCE**

If a trainee's performance on placement raises questions about placement failure, it is important that concerns are signalled clearly both to the course and to the trainee. Supervisors can draw attention to poor performance at any stage of the placement, but the expectation is that any serious concerns would be raised at or before the MPR visit. These can then be discussed with the supervisor and trainee and specifically identified in the MPR report, along with an indication of the actions needed to rectify any problems.

Although it is desirable for concerns to be signalled by the time of the MPR (because it gives the maximum opportunity for remedial action to be taken), in some cases concerns emerge only after the MPR. Where this is the case supervisors should raise concerns with the MPR visitor and the trainee as soon as is feasible. It should not be the case that trainees only learn of a possible placement failure at the End of Placement Review.

When the possibility of placement failure is raised it is important that the supervisor and college visitor identify what changes the trainee needs to make in order to pass the placement. As far as possible this should be done by setting targets in a behaviourally-specific manner. However, it needs to be recognised that the complex skills required of trainees may not always be reducible to this level. For example, some higher-level capacities (such as evidence of an ability to reflect on their performance) may be hard to specify in anything other than a relatively abstract form.

## **PART B – Overall evaluation of placement Supervisor(s) to complete at MPR**

### **ACTION TAKEN WHEN POSSIBLE PLACEMENT FAILURE IS INDICATED**

1) When concerns about possible placement failure arise (at any point in the placement), the supervisor and MPR visitor will need to complete the relevant sections on the MPR/EPR form. This includes checking the boxes relating to possible placement failure, and if those boxes are checked, the supervisor, trainee and MPR visitor **must** complete Appendix 2 of the MPR/EPR form: *Action plan for concerns regarding placement progression*.

2) A clinical viva will be required whenever the supervisor indicates that referral to the Examination Board is possible. The MPR visitor is responsible for letting the Examination Board know that a viva is indicated, at which point the Examination Board will set a date for a clinical viva. If, prior to the viva, supervisor's feedback indicates that relevant targets have been met, the Chair of the Examination Board (in consultation with the Head External Examiner) has the option of cancelling the clinical viva.

### **CRITERIA FOR PLACEMENT FAILURE**

The criteria used for evaluating clinical competence are those contained in the MPR/EPR form. The supervisor's ratings of "PASS" or "REFER TO EXAMINATION BOARD" constitute advice to the Board of Examiners.

Placements may be judged a "FAIL" by the Board of Examiners because of serious or persistent shortcomings in any of the areas covered by the Supervisor's Feedback Form; that is, failure on the part of the trainee to reach minimally acceptable levels of clinical and/or professional competence judged in the context of the stage in training and the opportunities provided in the placement.

A placement which is failed because of a serious breach of the profession's Code of Conduct may, at the discretion of the Board of Examiners, be deemed to constitute grounds for overall failure of the Course.

A trainee may also fail a placement if insufficient clinical experience has been gained during the placement period. If this is the fault of the supervisor (e.g. due to ill health, consistent unavailability or evidence of very poor supervision) then the Course will make every effort to ensure that the trainee is not penalised and every effort will be made to provide appropriate work during the third year. Nevertheless, a delay to the completion of training may be unavoidable.

## **PROCEDURES FOR THE CLINICAL VIVA**

### **Purpose**

The clinical viva represents an opportunity for an independent appraisal of the trainee's clinical and professional capacities. This is because the examiners can recommend that the placement be passed if they feel that the trainee's performance at the viva addresses and assuages the concerns that have been raised.

### **Timing**

As noted at the start of this section, for the purposes of the Examination Board all placement activity is treated as 6-month blocks. On this basis one-year placements are treated as two 6-month placement periods, each of which has to be passed.

The viva will normally be held as close to the end of the placement period as is feasible. Bearing in mind the above definition of placements:

Vivas for placements running from October-April will typically be held in late April/early May.

Vivas for placements running from April-October will typically be held in October.

### **Examiners**

The viva will be conducted by one internal and one external examiner. Both will be members of the Examination Board, and the internal Examiner will not have acted as a Course Tutor or MPR visitor for the trainee at any stage in their training.

### **Content**

The content of the viva will reflect the concerns raised by the placement supervisor. This means that the viva can include consideration of both clinical and professional issues. The candidate will be advised by the Chair of the Examination Board about the specific content of the viva in order to ensure that they are clear about what is required and expected.

### **Content where concerns primarily relate to clinical performance**

The examiners will ask the trainee to present an example of their clinical work from the placement in question.

The candidate will usually be asked to submit a case that they consider to be representative of their work in the placement, and to present a detailed account of a clinical session.

Prior to the clinical viva, the placement supervisor should be asked by the trainee with support from MPR visitor as necessary to confirm in writing that the clinical work which is chosen for discussion at the viva was undertaken within the placement, and to comment on whether, in their judgment, it is representative of their usual standard of work. This agreement should then be submitted (e.g. by attaching the email chain with supervisor's confirmation) along with the recording/any other supporting documents, in line with the deadline set by the course prior to the viva (see '*Materials to be submitted*' below)

## **PART B – Overall evaluation of placement Supervisor(s) to complete at MPR**

### ***Materials to be submitted***

The trainee will need to submit the following materials **at least two weeks before the viva**:

- 1) A succinct written account of the case which outlines:
  - the clinical background and relevant history
  - a formulation
  - an outline of the intervention to date, which includes a rationale for the work being undertaken

The aim is to ensure that the examiners understand the context of the session, both in terms of the client's background and the point in treatment at which the session occurs.

- 2) As described immediately below, candidates will usually present a recording of the session accompanied by a succinct written description of the aims of the specific interventions being demonstrated, specifying:
  - the theoretical model which informs the interventions demonstrated in the recording
  - the type of techniques being used and/or
  - the clinical issues being addressed.

- 3) The candidate should submit two copies of an audio or video recording of the session (usually on an encrypted memory stick).

The candidate should identify a 10-15 minute segment for the examiners to focus on (though they will listen to the whole recording). The candidate should ensure that the segment is clearly identified for the examiners.

In some instances there may be good reasons why recorded material is not available. These reasons need to be presented in advance to the Chair of the Examination Board, who can permit the trainee to present a detailed written exposition of their involvement with a client (for example, presenting process notes which cover 10-15 minutes of the session). If the service context involves indirect working, the clinical material can reflect this.

The Examiners will expect that the casework selected for discussion reflects a level of challenge and complexity appropriate to the placement and to the trainee's stage of training.

The candidate may also be asked to describe other aspects of their clinical and professional work in that placement, as deemed appropriate by the examiners. The candidate's competence will be judged against the expected level of generic as well as specific skills they would be expected to have acquired at their stage of training. As above, the candidate should also submit written confirmation by the supervisor that the work is representative of their usual standard of work.

### **Content where concerns primarily relate to professional behaviour**

Where the placement supervisor raises concerns which primarily relate to professional behaviour rather than clinical ability, the content of the viva will reflect this. Rather than presenting a case as described above, the candidate will usually be asked to identify and to discuss the professional issues raised by the supervisor.

## **PART B – Overall evaluation of placement Supervisor(s) to complete at MPR**

### **Structure of the viva**

The Examiners will usually ask the candidate to make a brief presentation of the relevant clinical and/or professional issues at the start of the viva. They will then ask questions pertinent to the recorded and/or written materials. They may also ask questions related to clinical feedback in the placement from the end of placement or mid-placement review reports.

The candidate will also be given the opportunity to inform the examiners of any significant personal or professional issues which they feel are relevant to their placement evaluation.

### **Criteria for judgments**

**Clinical proficiency:** Examiners will benchmark their decisions against the level expected of a trainee at the relevant stage of training. Guidance on the progression expected through training can be found in Section 11 of the Training Handbook.

**Professional practice:** Examiners will benchmark their decisions against the standards of practice embodied in relevant HCPC Standards of Conduct, Performance and Ethics and the DCP Professional Practice Guidelines.

### **Outcomes of the viva**

As described under item 4.5 of the Course regulations (Section 22 of this handbook), there are three outcomes from the viva:

- i. Assessed placement period passed
- ii. Assessed placement period passed but with stipulated requirements for the demonstration of specific competencies in subsequent placements
- iii. Assessed placement period failed

The Examiners will report their recommendations to the Examination Board together with an account of their observations and findings from the viva. The Examination Board comprises at least two external examiners, the Chair of the Board, the Clinical Course Director, the relevant MPR visitors and the relevant Course Tutor for the trainee(s).

Procedures for Appeal in cases where the Board reaches a decision to fail the placement are detailed below.

### **Consequences of placement failure**

It is a course requirement (regulation 4.6) that “candidates must pass six placement periods in order to pass the Programme”. Where a placement period is failed, the Examination Board will usually allow trainees to do an additional placement period, giving them the opportunity to demonstrate competence in the areas which led to failure. However, the Examination Board will always consider both the reasons for placement failure and the prior history of placement performance when reaching its decision. On this basis, trainees may be denied the opportunity of doing an additional placement period when:

## PART B – Overall evaluation of placement Supervisor(s) to complete at MPR

- there is good evidence (based on patterns of feedback on performance in the failed placement and in previous placements) that the trainee's capacity to learn and to apply knowledge and skills is limited, and it is judged unlikely that further gains will be demonstrated in further placements
- the reasons for failure represent gross professional misconduct, as defined by significant deviations from relevant professional codes (including, but not restricted to, the HCPC Guidance on ethics and conduct for students, the BPS Code of Ethics and Conduct and/or DCP Professional Practice Guidelines).

In line with UCL regulations for Professional Doctorates, failure of more than one placement period will lead to failure of the Course. This means that failing two placement periods (at any point during the training) will result in failure of the Course.

**Re-taking placements:** When a placement period has been failed (ie category iii above), it is expected that the trainee does an additional placement period which tests similar (though not necessarily identical) clinical competences. This means that there is no necessity for a trainee failing a placement period in one speciality (for example, work with children) to undertake further work with children. However, close attention would be paid to the *type* of competencies in which failure was indicated, ensuring that the subsequent placement period offered an opportunity for the trainee's performance to be monitored in these areas.

**Placement failure in a one-year placement:** One-year placements comprise two six-month placement periods, each of which must be passed. Where the placement period that has been failed is the first half of a one-year placement, it is expected that the trainee will remain in the placement. In general this gives the trainee the greatest likelihood of demonstrating an improvement in the areas of work in which they are deemed to have failed. Although a trainee's unhappiness at a supervisor's professional judgement is not adequate reason to vary this position, where there is evidence that the supervisor-trainee relationship is under significant strain, or that the placement experience is unsatisfactory, the Clinical Tutor Team has the discretion to recommend a change of placement.

If the trainee passes the second placement period, this will usually be considered to compensate for one placement period. Trainees will then be required to undertake and pass an additional six-month placement period in order to meet course requirements (regulation 4.6) that "candidates must pass six placement periods in order to pass the Programme".

## **PART B – Overall evaluation of placement Supervisor(s) to complete at MPR**

### **APPEALS AGAINST PLACEMENT FAILURE**

As described above, the decision to fail a placement is only made after the following sequence of events has occurred:

- a) The supervisor's feedback form indicates a decision to 'refer the trainee to the Examination Board'
- b) The trainee is given a clinical viva and the examiners recommend to the Examination Board that the placement is failed
- c) The Examination Board upholds the decision to fail the placement, having taken into account evidence from the MPR/EPR form and feedback from the trainee's course tutor and (if a different individual) MPR visitor.

If the Board's decision is to fail the placement, the trainee will be informed promptly. If they wish to institute an appeal they should write by writing to the Chair of the Board with details of his/her grievance, sending a copy of this letter to the Registrar.

#### **Appeals Process**

There are two stages to any appeal:

1. An 'internal' appeal, convened by the Examination Board.
2. A University appeal (convened through the Registrar's Department)

Although both appeals need to be initiated at the same time (by writing both to the Chair of the Examination Board and the Registrar), the University will not convene an appeal panel until:

- a) the internal appeal panel has met and reported back to the Examination Board and to the trainee, and
- b) the trainee has informed the University that they wish to challenge the outcome of the internal appeal.

#### **Procedure for internal appeals**

##### **Composition of the panel**

The panel comprises three people, assembled by the Board. Members of the panel will not normally have been involved in the original decision to fail the placement, and should include:

- a senior member of the profession (for example, a Service Head or a Psychology Advisor to a Trust), who will chair the panel;
- two external academic adjudicators, who will usually be staff members working on a Doctoral Course in Clinical Psychology or an equivalent professional training course.

Trainees will have access to an independent advisor/advocate (the trainee may use their personal advisor or may wish to choose someone else) to assist in the matter of negotiation prior to and during the Appeal process. The Course will seek the names of people willing to act in this capacity, or the trainee may seek someone independently.

## **PART B – Overall evaluation of placement Supervisor(s) to complete at MPR**

### **Process**

The Panel will endeavour to meet as quickly as possible and set as early a date for the appeal to be heard as is feasible.

The Panel will usually hear the views of the trainee and his/her advocate or advisor (if any) in confidence before hearing the views of the supervisor(s) or course tutor(s). Relevant members of the programme team (e.g. the college visitor who undertook the MPR) and the supervisor of the failed placement should also have the opportunity to present their views in confidence to the Panel.

The Appeals Panel will have access to the trainee's file and to the written feedback which has been given about the trainee's clinical competence on previous placements.

The Panel will communicate formally the outcome of its deliberations as soon as possible to the trainee and to the Chair of the Examination Board.

### **Procedure for complaints to the University**

The panel for the University appeal is convened by the Registrar's Department, and will usually comprise a member of Registry, and senior academic staff.

Section 30 details procedures for complaints to the university. Briefly, the procedure for consideration of appeals by candidates for research degrees can be found in the UCL Academic Manual which is available at <https://www.ucl.ac.uk/academic-manual/>. In particular, Chapter 5, Part B comprises the Professional Doctorate Regulations and Chapter 6, Section 10 sets out the Student Complaints Procedure.

### **SUPPORT FOR TRAINEES WHEN PLACEMENT FAILURE IS INDICATED**

It has to be recognised that explicitly raising concerns about placement failure by scheduling a clinical viva will place some strain on the supervisor-trainee relationship. It is also the case that trainees may find it more difficult to perform when they are aware that their clinical work is being scrutinised carefully. To some degree this additional stress is inevitable.

Appealing against a decision to fail a placement will also be stressful.

In both instances the Course recognises that it has a duty of care towards the trainee, which it will attempt to meet by ensuring that:

- Trainees are encouraged to make use of an external mentor (a Personal Advisor or an individual acting in an equivalent capacity)
- Dependent on circumstance, they may be offered additional support from within the staff team (for example, if their course tutor is also their MPR visitor)
- Trainees are made aware of the Student Counselling service, and encouraged to make use of this service if this appears warranted. An indicator of need to contact the Student Counselling service would be if the trainee experienced any degree of stress in their personal or professional lives in the period leading up to a clinical viva, or in the course of pursuing an appeal against placement failure
- Trainees are reminded of their entitlements and regulations relevant to placement <sup>Section 27: 9</sup> failure for appeals.