

Doctor of Clinical Psychology (DClin Psy) - University of Sheffield

PLACEMENT PLANNING PROCESS

Placement planning is undertaken by the Clinical Tutors, in consultation with supervisors, trainees, programme team members and the Clinical Tutors at the other local programmes. The principles guiding the process are:

Principles

- To provide high quality practical training for all trainees.
- To optimise the use of the placement resource to ensure the most efficient and wide use of placements throughout the Region.
- To be responsive to feedback from trainees regarding experiences on placement.
- To prioritise placements so that all trainees gain appropriate experience of core competencies, which enables the Programme to meet HCPC/BPS accreditation criteria.
- To meet the Region's need for a trained workforce, Health Education England working across Yorkshire and the Humber, as the funding body wishes to encourage trainees to work in Region on completion of training through developing relationships with Trusts within rather than outside the Regional boundary.
- Training cannot take place without the support of all, or the majority of Trusts in Region who provide clinical placements. Through their contribution they hope to recruit to vacant posts and as far as possible we try to place trainees in order to maintain their support. The Sheffield Programme arose through the efforts of all Departments in the local Region.
- To co-operate rather than compete with other training institutions who may use the same pool of supervisors.
- To ensure that all trainees have opportunities to meet identified training needs throughout their three years of training. This might necessitate individual trainees continuing with core experience training into the third year.
- To give due attention to the needs of, and constraints upon, individuals in making specific placement allocations. This may be with regard to trainees' personal circumstances, e.g. carer needs, disabilities or health conditions etc. Individual factors affecting supervisors are similarly taken into account.
- To provide opportunities to develop skills and experience in a range of specialties in the third year where there are sufficient supervisors available to cover both first and second year as well as third year needs. Where there are fewer placements, first and second years' needs take priority.
- A differentiation is made between core placements in years 1 and 2 and placements in year 3. Placements in years 1 and 2 are allocated by the placement planners, in liaison with the Clinical Tutors and trainees. For the third year, (and as long as all core experiences and competencies have been satisfactorily acquired in the first two years of training), the trainee is enabled to identify and negotiate placements that will widen/extend their skill portfolio based on their individual learning needs. The final allocation decisions are made and agreed by placement planners in conjunction with Clinical Tutors, taking into account needs across the cohort.

All ideas and suggestions about the placement planning process are welcome and can be given consideration through Clinical Practice Sub-Committee.

Changes to Planned Allocations

Occasionally agreed placements have to be rearranged due to supervisors leaving or changing jobs, or taking periods of leave. In these circumstances the placement planners and Clinical Tutors will identify alternative placements that provide appropriate competency experience.