



THE PSYCHOLOGICAL SOCIETY OF IRELAND

CUMANN SíCEOLAíTHE ÉIREANN

**GUIDELINES FOR THE ASSESSMENT OF POSTGRADUATE PROFESSIONAL
PROGRAMMES IN CLINICAL PSYCHOLOGY**

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DEFINITION OF CLINICAL PSYCHOLOGY

Clinical Psychology is the application of psychological theories, models and research to a range of psychological, emotional, mental health and developmental problems. Clinical psychologists provide a variety of services including assessment, therapy, and consultancy services. They work primarily, but not exclusively in child and/or adult and intellectual disability services where emotional, behavioural, mental health or developmental difficulties are addressed.

TERMINOLOGY

Throughout these guidelines the words ‘programme’ and ‘course’ are used interchangeably as in clinical psychology programme or clinical psychology course.

A trainee refers to psychologists in clinical training.

1. GENERAL PRINCIPLES

The following general principles should govern any course established in this country to provide postgraduate training of clinical psychologists.

- 1.1 The primary aim of each course should be to provide postgraduate training which will ensure that the Clinical Psychologist can provide psychology services in a competent and professional manner to those seeking them and enable the Clinical psychologist to become professionally qualified to work in the Irish Health Service and related services.
- 1.2 Each course should provide professional training in many areas of work such as would enable the graduate to work at the entry grade for clinical psychology.
- 1.3 Each course should be based on the reflective scientist/practitioner model, that is, it should train clinical psychologists as practitioners, but practitioners with a firm scientific basis and orientation.
- 1.4 Course should ensure that trainees are cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice. They should further ensure that trainees are aware of the importance of diversity, the social and cultural context of their work, working within an ethical framework, and the need for continuing professional and personal development.
- 1.5 Courses should define their particular objectives, learning outcomes and ethos which are communicated to applicants. The course objectives should specify the roles a trainee will be able to fulfil on successfully completing the course.
- 1.6 Courses should have inbuilt flexibility to enable them to respond to the changing needs of the Health Service and its associated partners and to adapt to new developments in clinical psychology and related health disciplines.
- 1.7 It is particularly important that the training needs of students on clinical placements should be given priority over service requirements with due regard to the needs and rights of clients.
- 1.8 Courses should lead to the award of a Doctoral level qualification.
- 1.9 Courses should be of at least three full calendar years' duration.

2. PROFESSIONAL PRINCIPLES AND VALUES

2.1 STANDARDS OF PROFESSIONAL CONDUCT

- 2.1.1 The PSI Code of Professional Ethics must be central to the ethos of the course.
- 2.1.2 All stakeholders in the course should be made aware of psychologists' professional responsibilities under the Code.
- 2.1.3 The PSI's Code of Professional Ethics should be used as a reference in all cases where judgments regarding professional ethics are being made and due regard should be given to parallel university procedures that exist.
- 2.1.4 The necessary formal procedures must be in place to ensure that individuals on the course who display unacceptable ethical standards in their professional work are not allowed to continue on the course.
- 2.1.5 Formal appeals procedures should be available to students who are judged unsuitable to continue on the course.

2.2 DIVERSITY AND CULTURAL COMPETENCE

- 2.2.1 Courses should assist trainees to value human diversity and understand the impact of social exclusion, discrimination and inequality on health and psychological well-being throughout their training.
- 2.2.2 Courses should provide sufficient reflective learning experiences for trainees to develop the awareness, knowledge and skills to adopt inclusive practice in their role as a Clinical psychologist.

Inclusive practice for psychologists means to:

- Expect diversity among colleagues, research participants and client populations and to respect this diversity.
 - Understand the issues facing diverse client groups and to be able to respond to their specific psychological needs.
 - Provide an accessible and appropriate service within a psychologist's area of competence.
- 2.2.3 In particular, courses should facilitate trainees to develop insight into personal attitudes and beliefs and how these can impact on the provision of an equal and inclusive service to a diverse range of people in terms of gender, age, sexual orientation marital status, family status, socio-economic status, religion, disability, race, ethnicity or membership of the Traveller Community.
 - 2.2.4 Courses should assist trainees in recognising how organisational, political and social policies, procedures, and practices can serve in excluding people from diverse backgrounds in accessing appropriate services.

- 2.2.5 Courses should assist trainees to develop a thorough understanding of equality legislation in Ireland as it relates to all aspects of their professional work.

3. PROGRAMME OBJECTIVES, STRUCTURE AND CORE COMPETENCIES

3.1 PROGRAMME OBJECTIVES

Each course should set objectives which enable trainees to:-

- 3.1.1 become acquainted with different theoretical frameworks and their applications;
- 3.1.2 develop a broad range of psychological expertise based on academic knowledge, research and skills;
- 3.1.3 work in varied settings and with a range of client groups;
- 3.1.4 make an original contribution to knowledge through research
- 3.1.5 develop an ethical approach to their work which includes a strong sense of professional and employer responsibility and scientific integrity;
- 3.1.6 develop an appreciation and understanding of the political and organisational context in which Clinical psychologists work and its impact on service delivery;
- 3.1.7 develop respect for colleagues of other disciplines and an understanding of the challenges faced by health services in which they may be employed;
- 3.1.8 develop good communication skills, both oral and written.

3.2 PROGRAMME STRUCTURE

The clinical training programme will run over a period of three years which equates to 690 course days.

- 3.2.1 The academic input, excluding research teaching, should account for 100 days of the total course time.
- 3.2.2 Each trainee should spend a minimum of 60 days per placement but overall the trainee should be on placement over the three years for a minimum of 390 days of the total course time.
- 3.2.3 The research component of the course, including research teaching, should account for 200 days of the total course time.
- 3.2.4 Courses are allowed a margin of +/- 10% of the total course time to ensure there is flexibility in the coverage given to academic input, clinical placements and research depending on university requirements and employer/training needs.

3.3 CORE COMPETENCIES

Programmes must enable trainees to work as clinical psychologists with the range of clients and services specified below in a range of settings. Newly qualified clinical psychologists should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence. Their work will be based on the fundamental acknowledgement that all people have the same human value and the right to be treated as unique individuals. Thus by the end of their programme, trainees will have:

- 3.3.1 The skills, knowledge and values to develop working alliances with clients, including individuals, carers and/or services, in order to carry out psychological assessment, develop a formulation and or re-formulation based on psychological theories and knowledge, carry out psychological interventions, evaluate their work and communicate effectively with clients, referrers and others, orally, electronically and in writing;
- 3.3.2 The skills, knowledge and values to work effectively with clients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives;
- 3.3.3 The skills, knowledge and values to work effectively with systems relevant to clients, including for example statutory and voluntary services, self-help and advocacy groups, user-led systems and other elements of the wider community;
- 3.3.4 The skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare;
- 3.3.5 The skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work; and
- 3.3.6 High level skills in managing a personal learning agenda and self-care, and in critical reflection and self-awareness that enable transfer of knowledge and skills to new settings and problems.

4. PROGRAMME CONTENT

4.1 ACADEMIC CONTENT

4.1.1 Courses should have a comprehensive academic syllabus covering both psychological theory and its application across the life span covering child, adolescent, adult, older adults, people with an intellectual disability and specialist areas.

4.1.1.1 The course must also provide substantial teaching in:

1. The theory and practice of psychological assessment methods including interviewing, observational and psychometric techniques.
2. Psychological therapies which include a range of evidence based approaches.
3. Organisational issues and working in teams.

4.1.2 The academic component should be designed specifically for postgraduate students and a range of educational methods should be employed in the teaching process.

4.1.3 The Programme team should devise, facilitate, monitor and coordinate the academic input which must cover theory and applied practice.

4.1.4 The core staff of the programme (Director, Research Co-ordinator, Placement Co-ordinator) should teach a minimum of 35% of the academic course work component.

4.1.5, Additional specialist teaching should be provided by experienced clinical psychologists. Further inputs, as required, may be given by non clinical psychologists and other professionals.

4.1.6 The core subjects of study should cover the knowledge and theory relating to the psychological health of clients across the lifespan encountered in the clinical placements.

4.1.7 Co-ordination between the theoretical and practical aspects of the course is essential.

4.2 CLINICAL PRACTICE

- 4.2.1 A clinical placement is a period spent working under the supervision of a Senior Clinical Psychologist (as defined by the Ministerial Directive 2002 – see Appendix 1) who is a Registered Psychologist with PSI or eligible for Registered Membership with PSI, or a supervisor of equivalent status where the placement is outside the State.
- 4.2.2 Postgraduate training must include coordinated and developmental clinical experiences which enable trainees to continue to develop their psychological skills in a planned manner across placements.
- 4.2.3 Courses should identify a person or persons who can act as a placement co-ordinator(s) with the responsibility for organising and monitoring clinical placements.
- 4.2.4 Clinical placements should allow trainees to have opportunities to apply different psychological models to a range of clinical problems across the life span in different settings.
- 4.2.5 The development of clinical expertise should include opportunities during training to acquire skills in assessment, formulation, intervention, evaluation and reporting.
- 4.2.6 Clinical placements can be categorised into 'core placements' and 'advanced placements'.
- 4.2.7 Clinical experience in the following are considered core:

4.2.7.1 **Child and Adolescent Services.**

This placement should provide experience with children from different age groups who present with a range of difficulties including developmental, emotional and behavioural problems. Assessment methods should include formal psychometric tests and include other assessment techniques e.g. behavioural and play based assessments. There should be experience of interventions both with individual children and with the child within the family.

4.2.7.2 **Psychological services for Adults.**

This placement should offer experience with a range of assessment methods, interventions and evaluation techniques. There must be experience with varied problems across different age groups in a range of settings *including older adults clients* (65 years +). Experience with older adults can be gained within a core or advanced placement. This experience should include a least two older adult clinical cases with at least one an intervention and one an assessment.

4.2.7.3 **Services for people with Intellectual Disability**

This placement should offer experience with a mix of presenting problems and service settings. Trainees should gain experience with individuals from across the spectrum of intellectual disabilities including individuals with mild,

moderate, severe and profound disability. Currently the majority of Intellectual disability services are structured across the lifespan in the following way: Early Intervention Services (0-6 years), School Age Services and Adult Services. Each Intellectual disability placement should offer core supervised experiences in at least two of these three areas; one of the areas must be within adult services. In addition a minimum of *three days* observational experience should be arranged in the area not chosen for supervised experience as part of the placement. Opportunities should be available to develop skills in relation to different assessment methods including intellectual, developmental and vocational methods, together with a range of intervention strategies.

- 4.2.8 In addition to the core placements outlined above, each trainee should have at least one advanced practice placement where they develop additional competencies in a particular area or with a particular population deemed relevant to clinical psychology by the programme team.
- 4.2.9 Where a trainee undertakes an advanced placement with a particular population (e.g. children and adolescent; adults; or people with disabilities) the trainee must have developed basic competencies for working with this population in their previous placements.
- 4.2.10 Trainees should have the opportunity of working in a range of service delivery models which may include uni, multi, inter and trans disciplinary work.
- 4.2.11 Opportunities should be available to gain experience in the delivery of education and training of others in areas relevant to clinical psychology.
- 4.2.12 In so far as possible each trainee should be involved in the planning of their clinical placements, together with the programme team, to reflect their training needs throughout the course.
- 4.2.13 Trainees must keep a log of their clinical experience to facilitate the monitoring of their training.
- 4.2.14 Trainees should have a case load of a minimum of ten clients per placement for whom they are the main psychologist.

4.3 CLINICAL SUPERVISION

- 4.3.1 In all instances, where trainees are undertaking clinical work, they must be under the direct supervision of a clinical psychologist of at least senior clinical psychologist grade status and who is a Registered Psychologist of the Psychological Society of Ireland, or eligible for Registered Membership, or supervisor of equivalent status who can show evidence of membership of a professional psychological society and be bound by a code of professional ethics where the placement is outside the state.

- 4.3.2 The ratio of trainees to placement supervisors should normally not be more than 2:1 at any given time. In formulating this ratio of trainees to supervisors, the number of trainees is calculated by taking into account all trainees under the supervision of a psychologist at any one time and includes all trainees from a formal postgraduate training programme which includes clinical psychology and other postgraduate psychology specialisms.

When a supervisor has two trainees working with him/her, the course director should ensure the trainees involved receive sufficient supervision.

- 4.3.3 On advanced placements all trainees must have a named Senior Clinical Psychologist as a supervisor. Additional supervision may be provided by a senior psychologist from another specialism or another senior professional e.g. psychiatrist or psychotherapist.

- 4.3.4 Supervision in all placements should contain the following elements:

4.3.4.1 Placement objectives should be established between the supervisor and the trainee and a placement contract drawn up at the beginning of the placement.

4.3.4.2 A minimum of two hours formal supervision should occur each week for the trainee's first year in training. The level of supervision should match the developmental level of the trainee. Thereafter a minimum of one hour's formal supervision should occur weekly and at least three hours 'contact' time between the supervisor and trainee.

4.3.4.3 Ideally the clinical psychologist offering supervision on the placement should be employed within the service on a full time basis. Where this does not occur the clinical psychologist must be employed for at least 14 hours (2 days) per week and appropriate alternative supervision is put in place during their absence.

4.3.4.4 Trainees must have the opportunity to observe the client work of the supervisor on core placements. The supervisor in turn must have the opportunity to observe the client work of the trainees.

4.3.4.5 A trainee's progress and experience obtained should be reviewed mid-way through the placement by course staff. Any concerns should be highlighted and agreement reached as to how these concerns will be addressed in the remainder of the placement.

4.3.4.6 At the end of the placement, written feedback should be provided on the trainee's performance on the placement and the trainee should have an opportunity to comment on this report.

4.3.4.7 Where out of State placements are facilitated by a programme, a clear procedure relating to the conduct of the placement must be in place.

- 4.3.4.8 Where concerns of whatever magnitude remain at end of placement, this should be formally included in the following placement plan and named at the initial meeting. Therefore from outset it should be made clear to trainees that their progress on one placement may be discussed with a subsequent supervisor.
- 4.3.5 All clinical placements must be visited by a member of the course team at least once from the mid-point onwards during each placement for monitoring and assessment purposes. A face to face visit may not be possible during an overseas placement however the course director must ensure that the placement is adequately monitored.
- 4.3.6 Feedback must be obtained from trainees on the quality of placements experienced and supervision received.
- 4.3.7 The course should monitor the quality of placements offered and take appropriate action where the course team determines that the placement is below the required standard.

4.4 RESEARCH

- 4.4.1 Courses should have an explicit and written statement of aims and objectives for a programme of research training throughout the course.
- 4.4.2 Priority should be given to research, all things being equal, which has benefits for the sponsoring agency.
- 4.4.3 There should be a formal teaching programme on research methods.
- 4.4.4 Trainees should be taught about the practical constraints of applied research. They should be taught how to carry out research relevant to the planning and evaluation of clinical services and should gain experience in this.
- 4.4.5 Trainees should be competent in data analysis (both exploratory and hypothesis testing). Trainees should have access to computer facilities for data analysis and have adequate guidance on the use of them.
- 4.4.6 During the course trainees should undertake at least one small scale research project and a major research project that makes an original contribution to knowledge and is formally written up as a thesis or a journal article.
- 4.4.7 All research projects must demonstrate clinical relevance and the subject matter pertain to human participants.
- 4.4.8 In conducting research close attention must be paid to ethical considerations and research activity must comply with the PSI Code of Professional Ethics.
- 4.4.9 Courses should identify a person who can act as a research co-ordinator with the responsibility for organising and monitoring the programme of research training.

- 4.4.10 Courses must ensure that each trainee has an identified supervisor for their major research project.
- 4.4.11 Great care should be taken to allow trainees to plan and organise their research project in good time to complete it successfully. Time should be set aside early on in the course for discussion of the proposed project. Regular monitoring of trainees' progress should be made throughout the course.
- 4.4.12 Course organisers should be sensitive to the problems that almost invariably arise in carrying out applied research. Care should be taken to anticipate common difficulties and take preventative action.
- 4.4.13 Courses should give trainees advice, guidance and encouragement to help them adopt clinical research as part of their general professional activity.
- 4.4.14 Trainees should disseminate the findings of their research, conducted while in training, through presentations and publications.

5. ADMINISTRATION AND GOVERNANCE OF THE COURSE

5.1 PROGRAMME BOARD

- 5.1.1 The governance of the course must include a programme board on which heads of psychology department concerned, programme director, programme teaching staff and placement supervisors are represented and where the interests of each stakeholder group are fully respected. Depending on the functions of the board, trainees and students, basic grade psychologists, appropriate officers from the university and health agencies or other individuals may be represented.
- 5.1.2 A major function of the programme board should be to facilitate communications among all those involved with the programme.
- 5.1.3 In all cases it is essential that the roles and functions of the programme board be clearly specified and there should therefore be a written constitution and terms of reference and relations between the programme director and programme board clearly specified.
- 5.1.4 The programme board should be involved both in considering the long-term objectives of the programme and in reviewing its progress. Other functions could be specific to the individual programme.
- 5.1.5 Where a university is in partnership with the HSE or other service providers in the delivery of a Clinical Psychology programme, a written Memorandum of Understanding should be in place.

5.2 LIAISON BETWEEN ACADEMIC AND CLINICAL STAFF

- 5.2.1 Close liaison be maintained between the core course team and clinical supervisors involved in the programme.
- 5.2.2 The core course team, clinical supervisors and occasional lecturers should be in regular communication so as to facilitate feedback to students regarding their progress on the programme and also to allow the staff to be responsive to feedback from students and graduates.
- 5.2.3 The course team must ensure that supervisors become familiar with relevant programme policies and procedures and in particular those concerning trainees and clinical placements.
- 5.2.4 The course should organise training in supervision skills for clinical placement supervisors at regular intervals (see Appendix 2).

6. PROGRAMME TEAM

6.1 COURSE DIRECTOR

- 6.1.1 The Course Director will be an experienced qualified clinical psychologist. He/she will hold a senior lecturer position or above or the post of Principal Grade Psychologist or above. The Course Director must hold or be eligible to hold Registered Membership of the PSI and full membership of the Society's Division of Clinical Psychology.
- 6.1.2 The Course Director will have the course as his/her major commitment and should devote the majority (75%) of his/her time to it. (In the case of two or more people who share organisational responsibility for the course, they should together devote a substantial amount of their working time to the course, in total this should jointly equate to 75% of a WTE role).
- 6.1.3 The Course Director must have ongoing professional practice (see 6.5 below).
- 6.1.4 There should be clear channels of accountability for the course director within the university and in their relationship with the sponsoring agency.
- 6.1.5 When selecting a course director it is desirable that appropriate external members would be involved in the selection process and on the interview board.

- 6.2 Courses should have appropriate staffing to provide effective training. This means sufficient staff with enough time allocated to carry out the required tasks: management; teaching; organising; co-ordinating and monitoring clinical placements; training and supporting supervisors; research supervision and assessment and monitoring of trainees.
- 6.3 A core course team (excluding administrative staff): trainee ratio of 1 (WTE) to 9 trainees should be maintained on the programme. From time to time this ratio may be reduced during periods when staff are on statutory leave. The ratio of 1:9 must be maintained if staff are absent on other forms of leave e.g. discretionary leave.
- 6.4 The course team and those staff with a major commitment to the course should have an adequate range of skills and experience in order to fulfil the core clinical psychology training tasks.
- 6.5 Members of the course team must be involved in regular clinical work which has relevance to the training programme. Across all course staff this could show some combination of direct client contact, clinical research and organisational work. For all staff it is important that there is evidence that this work is formally recognised and supported by their university employer.
- 6.6 The course must have adequate administrative and clerical support; normally this would mean a minimum of a full time administrator with a minimum ratio of 1:36 trainees. As a course expands a pro-rata change in administrative support should occur.

7. PROGRAMME RESOURCES

The course should have appropriate facilities and resources including:

- 7.1 Teaching space of adequate size and quality for each cohort of students;
- 7.2 Access to computer facilities and relevant software;
- 7.3 Adequate space to enable the course to be administered effectively, including office space for administrative staff;
- 7.4 Individual office space for academic staff;
- 7.5 Access to library facilities;
- 7.6 Access to a range of psychometric tests routinely used in clinical practice. For core tests used in core placements, there should be access to one test for every two trainees in the cohort learning to use the test;
- 7.7 Adequate storage for efficient operation of the course;
- 7.8 Access to common room or similar facility for students.

8. ADMISSION REQUIREMENTS AND PROCEDURES

- 8.1 Only those graduates who hold academic awards which are recognised as satisfying at least the minimum qualifications for Graduate Membership of PSI are eligible for inclusion on the Postgraduate Professional Training Course. University authorities may set their own standards for entry to the course over and above this.
- 8.2 Vacancies on the course should be nationally advertised and the selection of candidates should follow accepted recruitment procedures.
- 8.3 Appropriate weighting must be given to relevant experience.
- 8.4 In addition to academic criteria for selection to the course, selectors should pay particular attention to the other personal qualities necessary to fulfil the role of the psychologist in the Health Service, e.g. ability to relate to clients and to work compatibly with others.
- 8.5 The selection procedure should be carried out by a committee composed of representatives of both the academic staff and practitioners.
- 8.6 The selection procedure should be evaluated periodically and a written record of this review retained.
- 8.7 Courses should make available relevant information about the structure and organisation of the course to potential applicants prior to application.

9. ASSESSMENT PROCEDURES

While the actual procedures of assessment will be at the discretion of each psychology department concerned (necessarily adhering to the requirements of the conferring institution), the following principles should govern the procedures.

- 9.1 The courses should demonstrate how the following areas are assessed:-
 - a) Academic competence;
 - b) Clinical competence;
 - c) Research competence.
- 9.2 It is important that each of the above areas be assessed separately. The student must satisfy the examiners in all areas of study.
- 9.3 External examiners of high professional and academic standing should be involved in all three areas of assessment.
- 9.4 Continuous assessment of academic, clinical and research competence is essential. The course team, advised by the programme board, must formulate procedures and criteria for assessment including criteria for pass/failure of each area.

- 9.5 The supervisors report is a major part of the assessment of the trainee's clinical practice. This report should relate to the specific aims and goals of each placement.
- 9.6 The submission by the trainee of an agreed number of case studies should form part of the assessment of clinical competence. These reports should cover a reasonable range of experience.
- 9.7 The assessment of research competence should be based on at least one small scale project and a major research project. The small scale project and major research project should be in a clinically relevant area.
- 9.8 The trainee's performance across academic, clinical placement and research areas throughout the duration of the course must influence the final assessment.
- 9.9 Courses must provide written guidelines on criteria for placement failure. The criteria should be clearly related to the aims and content of the placement contract. These guidelines must be reflected in the Memorandum of Understanding between the university and the sponsoring agencies and reflected in the trainee's contract of employment.
- 9.10 If a trainee has failed a placement but been allowed to continue in training then there should be a clear mechanism for extending the period of training, if necessary and if possible, to ensure that acceptable standards of clinical practice are reached and that core competencies are acquired.
- 9.11 Trainees should be made aware of relevant appeals procedures at the beginning of the course.

Ministerial Directive 2002

In exercise of the powers conferred on me by Section 18 of the Health Act, 1970, I hereby direct that the qualifications for the post of **Senior Clinical Psychologist** shall be as set out hereunder. These qualifications will take effect from 25 October, 2002 but without prejudice to anyone employed in a post of basic grade psychologist or above on that date in the Irish public health service to whom the qualification requirements for senior clinical psychologist in place at 22nd January, 2002 shall apply.

1. PROFESSIONAL QUALIFICATIONS, EXPERIENCE ETC.

A. On the latest date for receiving completed application forms for the office, each candidate must-

(a) (i) hold a recognised University degree or diploma obtained with first or second class honours in which psychology was taken as a major subject and honours obtained in that subject, and

(ii) hold a recognised postgraduate qualification in Clinical Psychology, and

(iii) have at least five years satisfactory postgraduate experience in Clinical Psychology inclusive of any time spent in pursuing a course leading to the postgraduate qualification.

B. Each candidate must possess the requisite knowledge and ability (including a high standard of suitability) for the proper discharge of the duties of the office.

2. **AGE**

A candidate must be under 65 years of age on the first day of the month in which the latest date for receiving completed application forms for the office occurs.

3. **HEALTH**

A candidate for and any person holding the office must be free from any defect or disease which would render him/her unsuitable to hold the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.

4. **CHARACTER**

A candidate for and any person holding the office must be of good character.

Dated this day of
two thousand and two.

Minister for Health and Children.

Supervisor Training (based on the BPS Criteria for the Accreditation of Postgraduate Training Programmes in Clinical Psychology (September 2007))

Learning objectives to be addressed by introductory supervisor training programmes

The following are the key learning objectives for introductory supervisor training for clinical psychologists and related professions. It is recommended that clinical psychologists should attend this training 1-2 years post qualification. It is also recommended that the training should be for a minimum of 3 days (ideally spread over time to allow for the practical application of the training). The learning objectives include knowledge, understanding and the development of key skills, attitudes and the capability to generalise and synthesise these components.

It is envisaged that programmes will use the learning objectives to develop their individual training packages. This will include specified learning outcomes tailored to each programme.

Understanding and Application

1. Have knowledge of the context (including professional and legal) within which supervision is provided and an understanding of the inherent responsibility.
2. Have an understanding of the importance of modelling the professional role, e.g. managing boundaries, confidentiality, accountability.
3. Have knowledge of developmental models of learning which may have an impact on supervision.
4. Have knowledge of a number of supervision frameworks that could be used for understanding and managing the supervisory process.
5. Have an understanding of the importance of a safe environment in facilitating learning and of the factors that affect the development of a supervisory relationship.
6. Have skills and experience in developing and maintaining a supervisory alliance.
7. Have knowledge of the structure of placements including assessment procedures for disciplines at different levels of qualification up to doctorate level, and the expectations regarding the role of a supervisor.

8. Have skills and experience in contracting and negotiating with supervisees.
9. Have an understanding of the transferability of clinical skills into supervision and the similarities and differences.
10. Have an understanding of the process of assessment and failure, and skills and experience in evaluating trainees.
11. Have skills and experience in the art of constructive criticism, on-going positive feedback and negative feedback where necessary.
12. Have knowledge of the various methods to gain information and give feedback (e.g. self report, audio and video tapes, colleague and client reports).
13. Have skills and experience of using a range of supervisory approaches and methods.
14. Have knowledge of ethical issues in supervision and an understanding of how this may affect the supervisory process, including power differentials.
15. Have an understanding of the issues around difference and diversity in supervision.
16. Have an awareness of the on-going development of supervisory skills and the need for further reflection/supervision training.
17. Have knowledge of techniques and processes to evaluate supervision, including eliciting feedback.

Attitudes (Value base)

1. Respects trainees
2. Sensitive to diversity
3. Committed to empowerment of supervisees
4. Values the ethical base guiding practice
5. Believes in balancing support and challenge
6. Committed to a psychological knowledge based approach to supervision
7. Recognises need to know own limitations
8. Supports principle of life-long learning

Capabilities

1. The capability to generalise and synthesise supervisory knowledge, skills and values in order to apply them in different settings and novel situations

