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GUIDANCE

Guidance for BPS accredited clinical psychology professional doctorate programmes in relation to the Covid-19 outbreak

INTRODUCTION

In such unprecedented and challenging times we recognise the need to remain agile and flexible to support the NHS, its education partners and their trainees in continuing to provide professional doctorate training programmes. This document is intended to serve as a guide to accredited psychology practitioner programmes which have been affected by the Covid-19 outbreak. It has been prepared in consultation with the BPS Committee for Training in Clinical Psychology (CTCP) and Group of Trainers in Clinical Psychology GTiCP with additional contribution and advice from key stakeholders. The advice and guidance contained herein is intended to cover a six month period commencing from 30 March 2020. During this time the situation will be regularly reviewed and further recommendations or extensions to this guidance may be made.

- We expect that programmes will follow current NHS and UK government guidance, the UK Quality Assurance Agency Quality Code, HCPC guidance and also their own university's regulations, policies and advice on teaching and learning at distance, placement attendance and assessment.
- This document should also be read in conjunction with the recent NHSE *Guidance for psychological professionals during the Covid-19 pandemic*.
- This document offers guidance on how courses can enable trainees to develop and demonstrate competencies as defined in the accreditation standards with a flexibility that recognises the current public health emergency; to maintain continuity as far as possible, and is intended to advise on interim measures while the public health emergency continues.
- The flexibility being proposed relates to how training is delivered, and competencies acquired rather than a dilution of the competencies themselves. Similarly, that trainees are still expected to gain the range of experience outlined in the standards, but the methods may vary on what would traditionally have been the case.

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- This document is also based on the expectation that duty of care, safe practice and protection of the public and trainees are paramount, and that any flexibility employed as a temporary measure is regarding the timeframe and methods of training. We are not reducing or changing any of our standards.
- Where universities are applying a no-detriment policy nationally for assessment in the current circumstances (also known as safety-net), in the spirit of the no detriment policy, programmes will endeavour to minimise the impact of Covid-19 on individual assessment and progression wherever possible, but exceptions cannot be made to the requirements of professional regulation or course accreditation.
- We expect that programmes and services will support trainees' wellbeing in the circumstances.
- It is recognised that all of the BPS accredited programmes across the four nations will be experiencing the impact of the outbreak and specific issues will be dealt with on a case-by-case basis, in collaboration with specific stakeholders within particular national contexts.

BPS ACCREDITATION STANDARDS IN RELATION TO COVID-19 OUTBREAK

AREA	GUIDANCE
Research	<p>We recognise that during the current situation that trainees at various points of their programme may have difficulties with carrying out research related activities such as:</p> <ul style="list-style-type: none"> • gaining ethical approval, particularly for those with proposals reliant upon data collection from NHS services. • data collection, either due to their own circumstances during the government imposed restrictions or due to a lack of available participants. <p>We therefore advise programmes to offer flexible and alternative arrangements during this time. This could include:</p> <ul style="list-style-type: none"> • providers supporting trainees who were due to undertake projects that would have required NHS ethical approvals by changing the scope of their projects in order to allow university ethics mechanisms to be used instead. This is necessary due to current guidelines which state that only research projects related to Covid-19 are being considered through HRA NHS ethics procedures at present. • considering alternative means by which students could collect data remotely (telephone, online etc) where possible. • considering utilising secondary data sets, where appropriate. • in circumstances where research recruitment has been interrupted by the current Covid-19 outbreak, the focus of vivas, to assess research competency, will be appropriately flexible to accommodate current circumstances. There is no reduction in standards of assessment of research competency, providers should accept that competent researchers should be able to justify approaches to data handling and analysis due to circumstances outside their control. • consider a broader scope of projects, which still have clinical relevance, to allow flexibility for those who potentially may not have access to what would traditionally be considered clinically relevant within the scope of psychology. <p>All of the above adjustments are acceptable to the BPS without need for formal sign off beyond that of a local level. That said, providers should be clear in recording the adjustments made and also clear in explaining the adjustment to the trainees.</p>

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Clinical contact hours	<p>Programmes should consider alternative ways for trainees to meet this aspect of the standard. This may include telephone and video contact. Trainees are encouraged to keep careful and comprehensive records of the activities they undertake during this time.</p> <p>Where trainees are potentially redeployed to meet increased service need, we will recognise contact hours in alternative services, as long as trainees continue to be appropriately supervised, again, as long as comprehensive and careful record keeping is maintained as evidence of achievement.</p> <p>It is anticipated that most trainees will be deployed in areas of clinical relevance to their current roles. If trainees are not deployed to an area that will allow them to sufficiently meet the accreditation standards then programmes are encouraged to set clinically related activities which are aligned to placements to allow their progress to continue.</p> <p>We are actively working to support the case that trainees should be deployed to services where they have most clinical impact in supporting either service users or staff.</p> <p>In some instances, it may be necessary to consider alternative supervision arrangements. Appropriately qualified programme staff may, if capacity permits, offer some supervisory support however it is accepted that this may not be possible due to resource constraints and will not replace clinical supervision in service.</p> <p>Where supervisors may find themselves unable to support supervision, programmes should consider alternative programme structures to allow trainees to continue in their studies. As an example, this could mean front loading the programmes to deliver the placement element at a later point.</p> <p>Where trainees are not deployed or able to access practice-based work remotely due to issues surrounding home working, confidentiality, GDPR etc, again, the programme should seek to provide 'placement aligned activities' which rate competency but are not reliant on face-to-face or service-based work.</p>
Assessment	<p>Where necessary, alternative assessments should be put in place, this can include the use of virtual and video technology. Care should be taken to ensure that the outcomes assessed as per the standards are mapped against the new assessments.</p> <p>The BPS DCP Digital Healthcare Sub-Committee are currently working on producing guidance on digital competencies and this work will be shared with providers once complete.</p> <p>Interim guidance is available: https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Effective%20therapy%20via%20video%20-%20top%20tips.pdf</p>
Supervised practice	<p>There may be the requirement of appropriate alternative supervision for some trainees who may have been redeployed or where their supervisor for a variety of reasons may be unable to support them. As above, we will accept appropriate alternative supervision arrangements. This could also include supervision as part of a different interdisciplinary team.</p> <p>Whilst these are challenging times and we accept the need for increased flexibility, the standard for primary supervision remains and all trainees should continue to be supervised by a supervisor who meets the accreditation standard requirements. That said, it is also accepted that some aspects of supervision relating to specific tasks in specific services (particularly for those who may be deployed to work elsewhere) may be supervised by other appropriately qualified colleagues from other disciplines however, overall responsibility remains with the primary placement supervisor.</p>

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<p>Leave of absence</p>	<p>Consideration should be made by programmes as to how they will manage trainee absence due to illness and self-isolation or caring responsibilities in line with standard university regulations, placement contracts and policies of the employing NHS Trust.</p> <p>Where students are unwell and unable to proceed with their studies, the standard protocols for managing absence should be met. For those self-isolating, the reasonable adjustments suggested within this document should allow almost all to continue with their progression in a meaningful manner.</p> <p>Where possible, interruptions during this time should not be used unless the standard criteria for this are met. At this point we would suggest that having to self-isolate does not form a basis for interruption and programmes should explore ways to restructure their teaching if necessary to provide opportunities for trainees to continue to work towards completion. This is in recognition that interruptions have implications for suspension of salary during this time and other employment benefits.</p> <p>In the scenario that trainees do require extensions beyond their end date, Health Education England have committed to supporting this. For programmes across the other nations, providers are encouraged to contact their local commissioning bodies to explore the impact that potential extensions may have.</p>
<p>Redeployment</p>	<p>Consideration should be made by programmes as to how they will manage redeployment of trainees. We are working closely with key stakeholders within the NHS to ensure that where possible, trainees are redeployed to services where their clinical skills can have the most impact during this time, and within the remit of psychological working. This approach will allow trainees to continue to work towards their competencies whilst recognising that there will be some flexibility required regarding contact hours, as an example.</p>
<p>Any other considerations please list</p>	<p>Programmes will be supported to maintain and complete the qualification process in line with NHSE directives, so we can contribute to the population and workforce well-being by graduating our trainees. As such, we will provide ongoing consultation to programmes wanting to find creative solutions for the continued competency development of their trainees to meet the timetable for qualification with input from the relevant training committees, specialist groups and divisions.</p> <p>Any amendments or reconfigurations to how trainees are meeting their competencies by the end of training during this period will not negatively impact on their salaries, banding or ability to practice in the NHS.</p>

ADDENDUM

In light of the current Covid-19 virus outbreaks, many universities are applying blanket adjustments that are intended to mitigate the impact of the virus outbreak on PGR students (PhD/ MPhil). While in the main, many of these adjustments will be supportive and welcome such as remote vivas etc., there may be unintended consequences for those delivering Commissioned Professional Doctorates who work to very constrained timescales. Our drive is to ensure the NHS has the skilled workforce it needs without delay. As such we recommend that where PGR adjustments are being discussed for PGR/PGT students, the following statement is adopted:

For trainees studying for a professional doctorate in Psychology, different arrangements for progression may apply and the [name of individual Programme e.g. DClinPsy team] will contact you separately about necessary adjustments as they apply.



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