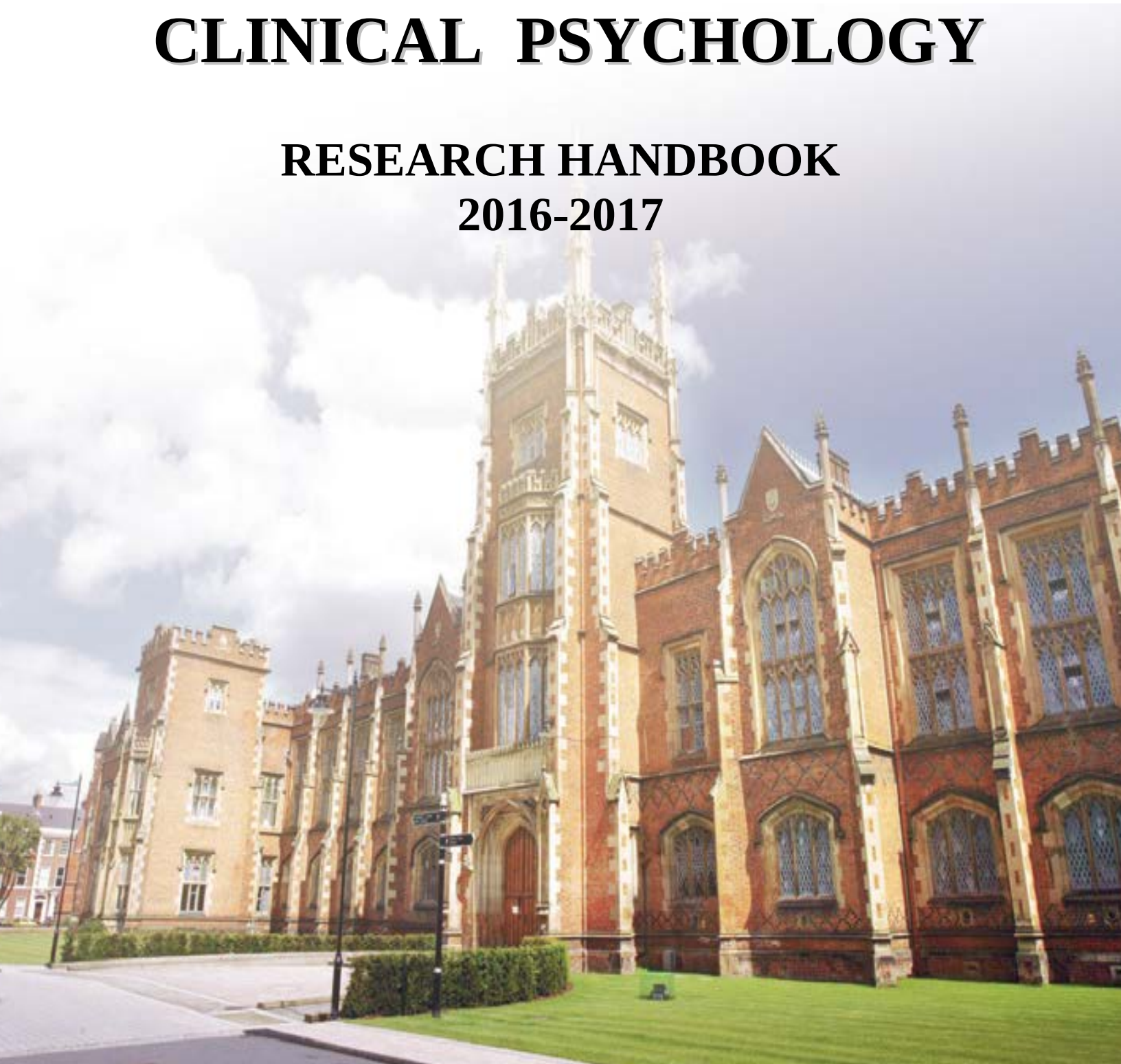
Queen's University Belfast

DOCTORATE IN CLINICAL PSYCHOLOGY

RESEARCH HANDBOOK 2016-2017



Research Handbook 2016-17

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1. Research

The research and evaluation training during the course aims to develop understanding and competence in skills of research and evaluation design and analysis as they relate to both conceptual research (which adds to the "knowledge base" of clinical psychology) and applied research (which has direct implications for the practice of clinical psychology).

1.1 Research Modules: Three research modules are taken as follows:

Module

Title: Applied Research 1

Code: PSY9015

Core Information

Min Students	6	**Managed By**	Dr Donncha Hanna
Max Students	30		
CATS Points	60	**Taught By**	Various
UG/PG	Postgraduate		
JACS Subject	C842		
Course Level	Year 1		
Taught/Research	Taught		

Course Contents

This module provides a comprehensive overview of the main research approaches with which trainees should become familiar and requires the design and conduct of a service-related research project and a large scale research project proposal. Trainees undertake a series of lectures, tutorials and discussion groups designed to provide them with the knowledge and skills necessary to design and conduct research studies in an ethically sensitive and scientifically rigorous manner. Trainees will consequently apply their knowledge and skills by designing a service-related research project and a large scale research project proposal.

Descriptive Information

Compulsory Elements

Learning Outcomes

Trainees should be able to critically appreciate the methods of developing a competent proposal for a service related project which is likely to make a contribution to the knowledge base and/or practice of clinical psychology.
Trainees should be able to formulate a large scale research proposal which includes a critical literature review and rationale for the study, a justification of methods and protocols and choice of analyses appropriate to the research questions and design.

Skills

- A critical appreciation of the main research methods and psychometric concepts used in clinical psychology and the research questions to which they are best suited.
- Develop competence in accessing and using research and awareness of ethical frameworks, principles and protocols as they will inform all subsequent research activities.
- Capacity to review, critically assess and synthesise a body of psychological knowledge related to a clinical research project which includes a critical literature review and rationale for the study, a justification of methods and protocols and choice of analyses appropriate to the research questions and design.
- Engage in self-directed learning.
- Skills of negotiating and developing a feasible research project in conjunction with clinical and academic psychologists.
- Quantitative and qualitative research skills.
- Project management skills.

Teaching Methods

Contact Teaching Methods		
Contact Type	**Number of Contacts**	**Total Duration in Hours**
Workshop	8	24
Lecture	6	18
Seminar	6	18
Non - Contact Teaching Methods		
Contact Type	**Number of Contacts**	
Assignment		
Private Study		

Assessment

Exam Session		
Profile 1		
Element Type	**Weight(%)**	**Duration**
Service-related project proposal	50	
Large scale research project proposal	50	

To pass the module you must achieve a pass in all of the above assessment elements.

Links

Pre-requisites None
Co-requisites PSY9011, 9012, 9013, 9014
Supplementary Notes

Indicative Schedule

Introduction to DClin research
Thinking about research
Quantitative research
Governance & Risk Assessment
Literature reviews & Plagiarism
Ethics - Principles and Procedures
Qualitative Research
Recruitment through to Disseminating
Service Related Proposal
Power, effects & sample size
Research fair
Large Scale Research Proposal
Large Scale Research Proposal Workshop
Statistical Analysis recap
Statistical Analysis workshop

Proposal Presentations
Research Panel

Key References

Barker, C., Pistrang, N. and Elliott, R. (2002) *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners*. Wiley & Sons, London.

Dempster, M. (2011) *A Research Guide for Health and Clinical Psychology.* Palgrave Macmillan, Basingstoke.

Dempster, M. and Hanna (2015) *Research Methods in Psychology for Dummies*. Wiley, Chichester

Hanna, D. and Dempster, M. (2012) *Psychology Statistics for Dummies*. Wiley, Chichester.

Marks, D. and Yardley, L. (2004) *Research Methods for Clinical and Health Psychology*. Sage Publications, London.

Module

Title: Applied Research 2

Code: PSY9021

Core Information

Min Students	6	**Managed By**	Dr Donncha Hanna
Max Students	30		
CATS Points	20	**Taught By**	Various
UG/PG	Postgraduate		
JACS Subject	C842		
Course Level	Year 2		
Taught/Research	Taught		

Course Contents

This module largely comprises the development of the large scale research project. During this time the trainee will be having a research dialogue with their supervisor(s). Skills and competencies in synthesising research related to the knowledge base or practice of clinical psychology and in designing high quality research should therefore be deepened. A number of group sessions will also be arranged to review key aspects of research design. The systematic review protocol and the service-related research project report will also be developed during this time.

Descriptive Information

Compulsory Elements

- Service-related project report
- Ethics and research governance approval for large scale research project

To pass the module you must achieve a pass mark on the SRP report AND obtain both ethics & (where appropriate) governance approval for the LSRP. If you fail either you will normally be allowed one attempt at revising and resubmitting.

Learning Outcomes

Trainees should demonstrate the ability to:

- Successfully progress a large scale research proposal through external review.
- Complete and disseminate a service-related project report, which demonstrates competence in research skills.

Skills

Critical appreciation of methods of developing a competent proposal for a psychological research project which is likely to make a contribution to the knowledge base and/or practice of clinical psychology.

Critical appreciation of the role of issues of control and validity in research methodology in order that reasonably justified conclusions may be reached.

Engage in self-directed learning.

Research skills related to the design of a substantive piece of publishable research.

Skills of negotiating and developing a feasible research project in conjunction with clinical and academic psychologists.

Teaching Methods

Contact Teaching Methods		
Contact Type	**Number of Contacts**	**Total Duration in Hours**
Seminar	5	15
Workshop	2	6
Non - Contact Teaching Methods		
Contact Type	**Number of Contacts**	
Assignment		
Private Study		

Assessment

Exam Session		
Profile 1		
Element Type	**Weight(%)**	**Duration**
Service-related project report	50	
Ethics and research governance approval for large scale research project	50	

To pass the module you must achieve a pass in all of the above assessment elements.

Links

Pre-requisites
PSY9011, PSY9012, PSY9013, PSY9014, PSY9015, PSY9016

Co-requisites
PSY9017, PSY9018, PSY9019, PSY9020, PSY9022, PSY9023

Supplementary Notes
The notional time for this module is 200 hours. 12 are contact hours and 188 are tutorial, independent research, background reading and coursework hours.

Indicative Schedule

Completing the IRAS form
Research Governance and OREC Requirements
Systematic Review proposal
Large scale project proposal workshops
Year 3 research presentations

Key References

Barker, C., Pistrang, N. and Elliott, R. (2002) *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners*, Wiley & Sons, London.

Dempster, M. (2011) *A Research Guide for Health and Clinical Psychology*. Palgrave Macmillan, Basingstoke.

Marks, D. and Yardley, L. (2004) *Research Methods for Clinical and Health Psychology*, Sage Publications, London.

Module

Title: Applied Research 3

Code: PSY9026

Core Information

Min Students	6	**Managed By**	Dr Donncha Hanna
Max Students	30		
CATS Points	60	**Taught By**	Various
UG/PG	Postgraduate		
JACS Subject	C842		
Course Level	Year 3		
Taught/Research	Taught		

Course Contents

This module comprises of the large scale research project and systematic review. During this time the trainee will be having a research dialogue with their supervisor(s). Skills and competencies in conducting, analysing and disseminating research related to the knowledge base or practice of clinical psychology should therefore be deepened and consolidated. A number of group sessions will also be arranged to review key aspects of research design and analysis as well as dissemination and presentation skills.

Descriptive Information

Compulsory Elements

Submission of thesis and sitting viva. For information on viva examination and outcomes please see section 1.7.4 of the research handbook.

Learning Outcomes

Critical appreciation and experience of all stages of completing a competent piece of psychological research resulting in the production of 2 papers which disseminate the research project, written to a competent standard and in a format suitable for submissions for publication to a particular journal.

Skills

The skills developed in this module include:

- Application of issues of control and validity in that research methodology in order that reasonably justified conclusions may be reached.
- Competency in choosing, applying and interpreting the results of statistical analyses or qualitative analyses as appropriate to the research question(s) and design.
- Capacity to review, critically assess and synthesise a body of psychological knowledge related to a clinical research project.
- Engage in self-directed learning.
- PC skills related to the creation and management of databases.
- Research ethics skills in practice.
- Project management skills.

Teaching Methods

Contact Teaching Methods		
Contact Type	**Number of Contacts**	**Total Duration in Hours**
Seminar	3	9
Workshop	3	9
Non - Contact Teaching Methods		
Contact Type	**Number of Contacts**	
Assignment		
Private Study		

Assessment

Exam Session		
Profile 1		
Element Type	**Weight(%)**	**Duration**
Research thesis and viva	100	

For information on viva examination and outcomes please see section 1.7.4 of the research handbook.

Links

Pre-requisites PSY9011 - 9023
Co-requisites PSY9024, PSY9025, PSY9027, PSY9028
Supplementary Notes.

Indicative Schedule

Large scale project progress update
Systematic reviews
Qualitative analysis
Quantitative analysis
Research presentations
Viva preparation

Key References

Barker, C., Pistrang, N. and Elliott, R. (2002) Research Methods in Clinical Psychology: An Introduction for Students and Practitioners, Wiley & Sons, London.

Dempster, M. (2011) *A Research Guide for Health and Clinical Psychology.* Palgrave Macmillan, Basingstoke.

Hanna, D. and Dempster, M. (2012) *Psychology Statistics for Dummies*. Wiley, Chichester

Marks, D. and Yardley, L. (2004) *Research Methods for Clinical and Health Psychology*, Sage Publications, London.

Pallant, J. (2003) *SPSS Survival Manual*, Open University Press, Maidenhead.

1.2 The Service-Related Project

Through conducting the **service-related project** it is hoped that trainees will develop the particular types of skills and competencies required for conducting research which informs practice in everyday clinical settings. This project is conducted as part of the Applied Research 1 module and written-up and assessed as part of the Applied Research 2 module. This project needs to be submitted by November of second year at the latest.

The course team works with the local psychology services to identify topics for service-related research which are relevant and of strategic importance in developing psychology services within the region. However, there might be a need for trainees to identify a service-related project via their placement in year one. Examples include:

(i) A small-scale survey (e.g. client satisfaction survey)
(ii) A single case experiment to evaluate treatment efficacy
(iii) Clinical audit / service evaluation
(iv) A needs assessment
(v) Evaluation of group intervention programme
(vi) An in-depth case study

The specific topic for the service-related project should meet the course requirements and also meet the needs of the service. Therefore, the project needs to be agreed by all parties involved before the service-related project proceeds. As part of this agreement, the trainee might be required to submit a project report to the University and an amended project report to the service. This should be clarified at the outset.

1.2.1 Service-Related Project Proposal

Trainees should discuss a particular idea with their Placement Tutor before embarking on the project. It is essential that a service-related project (SRP) is agreed with the trainee's Placement Tutor. The service-related Project Registration Form (see Appendix) and a proposal must be submitted to, and approved by the Placement Tutor before data collection begins.

Trainees should consider conducting their SRP in pairs. This strategy will not be possible in all cases and it is dependent on: the potential project being substantial enough to support two trainees; the potential supervisors being willing to supervise two trainees; and the ability of the pair to negotiate a working relationship. If trainees work in a pair on a SRP they will still be expected to address separate and distinct questions. Their data analysis will, therefore, be different and the project reports written separately.

In the situation where two trainees are working on a SRP together, it is important to plan for the following:

- Your partner might become ill or be absent for another reason at a crucial point in the process. If this occurs, it will still be your responsibility to complete your project on time.
- There is a danger/temptation of plagiarism of the reports. Plagiarism is considered a serious academic offence by the University and will lead to disciplinary proceedings.

The Research Co-ordinator and other course staff are willing to discuss these issues with you, but ultimately the decision will be yours. Most importantly, you will need to complete the SRP on time and manage the consequences of any decision you make about how to proceed.

The submission deadline for the service-related project proposal is February in Year 1. Trainees are not permitted to begin the project until after their project proposals have been assessed. Early starts on the project are to be encouraged and are, in some cases, crucial (this should be clarified with the service). Trainees are recommended to submit their proposals earlier than the January deadline to expedite the approval process.

The Service-Related Project Proposal should address each of the following areas (although structure and section headings may vary):

1. ***Literature Review and Rationale for the Study***
   This is where the theoretical, clinical, and service issues underlying the project are outlined. It should incorporate a relevant literature review, but always bearing in mind that the underlying purpose of this is to offer the **rationale/justification** for the hypotheses and questions of your own particular research project.

   Essentially, in this section you need **to make explicit the research questions/hypotheses addressed by your research, and the rationale behind them**. It is in offering the rationale behind your research questions (e.g. exploring an association between some variables in a given population, auditing the performance of a service, evaluating the outcome of an intervention) that a *synthesis* of the research and knowledge base informing your hypotheses should be offered. The significance of your potential findings to the service should also be highlighted in this section.
   This section should end with an explicit statement of your hypotheses/research questions.

2. ***Method/Protocol***
   In this section you should precisely define the methods and procedures you intend to use. If appropriate, standard research method subsections could be used to organise this section. For example:

   i. *Participants* – for example, sex, age, educational/social/marital status, inclusion and exclusion criteria, numbers, method of recruitment, informed consent, where participants are to be recruited from (and contacts established regarding this).

ii. *Materials/Apparatus* – questionnaires to be used (describe nature of, reliability, validity), equipment etc.

iii. *Design* – some examination of design to be used - qualitative, quantitative, control (e.g. pre-post; waiting list control; comparative treatment etc.) dependent and independent variables, how participants will be assigned to groups etc.

iv. *Procedure* – usually an account of what will actually happen regarding the collection of data.

3. Analysis

If the design involves straightforward analysis (e.g. ANOVAs etc.) this section can be dealt with very briefly. If more complex or less traditional methods of analyses are involved then you should discuss these in some detail. In all cases you should consider how chosen methods of analyses are most suited to your research questions.

4. References

Full reference list following APA guidelines

5. Appendices

Indicate **who will supervise** your research and include a projected personal **timetable** for completion of the research. Submit a month by month (perhaps weekly at some points) projection of time allotted to data collection, analyses, write-up, revisions etc. Such a timetable may, of course, change, but planning at this stage should help time management. Supervision for the SRP is provided by your Placement Tutor.

In many cases, the work undertaken for the SRP does not constitute "research" in its strictest sense, but audit or service evaluation. In these cases, formal ethical approval is not required from a Research Ethics Committee (REC). However, if formal ethical approval is not sought, then trainees and their supervisors must be satisfied that the proposed project does not fall within the definition of research as provided by the BPS. These procedures DO NOT replace the need for ethical or research governance approval or other approval as may be required by the Trust, hospital, unit or organisation from which the participants are being recruited.

Trainees who are having difficulty identifying an appropriate SRP should contact their Placement Tutor as early as possible.

1.2.2 Service-Related Project Report

The service-related project may be written as a report to the service. Trainees are encouraged to develop this way of presenting the project, where appropriate. The project might instead follow many of the conventions used in the presentation of research, but

this is not a requirement. Issues of methodology, control, validity, statistical analyses etc. may require less stringent attention but care should be afforded here as far as the limitations of time, resources etc. permit. In all cases the rationale for the research, integration with the knowledge base, overview of methods, samples, a clear presentation of results and findings and a discussion of the latter etc. should occur. Implications for service provision should be explicit in the discussion. Trainees are encouraged to present specific recommendations to the service at the end of the project.

The word limit for the service-related project (SRP) is 5000 words. One of the skills assessed in the SRP is your ability to condense information and present it in a concise manner, so adherence to the word limit is important.

The SRP can be presented in a format suitable for publication in a professional journal, such as Clinical Psychology Forum. However, this is not a requirement.

If the SRP report does not contain a conceptual critique or a contextualising introduction, then such discussions should be presented in a *conceptual appendix* for evaluation purposes. A *technical appendix* may be required for detailed statistical or methodological procedures. A *reflective appendix* should also be included, in which you consider the skills and experiences accrued in the course of the SRP exercise (e.g. own thoughts about the contribution of this project to service/clinical practices, strengths and weaknesses both of methodology and personal research competencies, any ethical issues which arose etc.).

Please bear in mind that, as with all coursework, structure and presentation is also assessed in this exercise (see essay and case study guidelines).

1.2.3 Service-Related Project Assessment

The SRP is submitted electronically and assessed using the forms in the Appendix. The feedback sheet should be inserted at the start of the report. All sections of the table on the feedback sheet should be completed. Pages and Sections should be numbered. The electronic copy should be saved as: [student no] SERVICE RELATED PROJECT (i.e. 907634 SERVICE RELATED PROJECT) and uploaded as a single document to Queen's Online in the correct module under 'assignment.' Do NOT password protect your coursework submission.

Your service-based supervisor will be asked to comment on the project and, therefore, it is essential that you submit a draft copy of the project DIRECTLY to this supervisor. Your service-based supervisor might require you to make amendments to your project even if the project has been passed by the course. It is important that you work closely with your supervisor on these amendments, as part of your responsible professional practice.

A trainee who fails the SRP on first submission will be allowed an opportunity to submit a revised version. When producing this revised version, trainees should pay close attention to the feedback provided. Failure to attain a pass on resubmission will result in the trainee failing the module, which will have serious implications for progression on the course. Therefore, trainees should aim for quality in their SRP.

1.3 The Large-Scale Research Project Proposal

Development of a large scale research project proposal is a lengthy process and a process that it is well worth spending some time on, to avoid problems and delays at a later stage. Trainees are expected to develop their large scale research proposal during Year 1. A guideline timetable for developing the large scale proposal is as follows (although these should be considered the latest dates by which tasks should be completed and earlier completion is encouraged):

Oct/Nov: Consideration of available research projects / initial discussions to explore potential research areas. Identify research supervisors and obtain their signed agreement
Nov: Agree on the research aim/question, after ensuring the feasibility of the research idea
Dec/Jan: Develop the rationale through a review of the background literature and refine the research aim/question
Feb: Submit draft proposal for formative feedback to supervisors

An initial review of the feasibility of research proposals will occur via presentations of the proposals in March of year 1. Written proposals for the large-scale research projects should be submitted in April of Year 1 (see 1.3.1). One e-copy should be uploaded to Queens Online and one1 hard copy should be submitted to the office. The hard copy of the LSRP proposal should be bound, with a cover sheet clearly indicating the trainee's name and title of the project.

For the purpose of conducting a large scale research project, an academic and clinical supervisor must be identified and agree to work with the trainee. An academic supervisor must be a member of staff from the School of Psychology, QUB. Under University Regulations, a second academic supervisor must be part of the research team. This second academic supervisor must be a member of University staff (including honorary staff). In some cases the clinical supervisor might also be able to fulfil the role of second academic supervisor. The Research Co-ordinator will be able to advise on the membership of the supervisory team.

Research supervision guidelines are summarised in the Appendix. A signed agreement form must be submitted with the research proposal. Trainees are required to meet with supervisors regularly and are expected to complete a research supervision record (using the appropriate form – see Appendix) after each meeting with their academic research supervisor. The content of this form should be agreed by the research supervisor. Supervisors will report on supervisees' progress at an annual progress review meeting, where recommendations and/or conditions for ongoing research activity will be discussed.

Trainees will be afforded an opportunity to raise any problems in research supervision at the formal reviews. Outside of these times, this should be discussed with the Research

Co-ordinator, or (in cases where the Research Co-ordinator is a member of the supervisory team) the Course Director.

Trainees are encouraged to consider conducting their large scale research project in pairs. This strategy will not be possible in all cases and it is dependent on: the potential research project being substantial enough to support two trainees' projects; the potential supervisors being willing to supervise two trainees; and the ability of the pair to negotiate a working relationship. If trainees work in a pair on a research project they will still be expected to have separate and distinct research questions. Their data analysis will, therefore, be different and the project reports written separately.

In the situation where two trainees are working on a research project together, it is important to plan for the following:

- Your partner might become ill or be absent for another reason at a crucial point in the process. If this occurs, it will still be your responsibility to complete your project on time.
- There is a danger/temptation of plagiarism of the reports. Plagiarism is considered a serious academic offence by the University and will lead to disciplinary proceedings.

The Research Co-ordinator and other course staff are willing to discuss these issues with you, but ultimately the decision will be yours. Most importantly, you will need to complete the research project on time and manage the consequences of any decision you make about how to proceed.

The LSRP proposals are assessed by the DClinPsych Research Panel. The Research Panel comprises members from the DClinPsych training team, a number of clinical psychologists in the region and non-psychologists from outside the School of Psychology (including members of the User Participation Panel). The panel is chaired by the DClinPsych Research Co-ordinator (see Appendix for terms of reference of the Research Panel), and the trainee attends during review of their project.

The LSRP proposal must be deemed to be satisfactory on conceptual, methodological and ethical grounds (see Appendix for feedback forms).

Following review by the DClinPsych Research Panel, applicants receive feedback from the Panel indicating the assessment outcome of the application and detailing any changes to be made. Trainees will be given an opportunity to resubmit their proposal and ethics application if it is deemed to be inadequate. Failure to submit a satisfactory proposal on resubmission will have implications for progression on the course.

Approval by the DClinPsych Research Panel DOES NOT replace the need for ethical approval as may be required by the School of Psychology, REC, Trust, hospital, unit or organisation from which the participants are being recruited, and trainees should seek these approvals following approval of their proposal by the DClinPsych Research Panel

(see section 1.4). Projects will also have to comply with research governance frameworks as implemented by the University and the particular Trust in which participants are being recruited.

1.3.1 Project Proposal

Project proposals should address each of the following areas (although structure and section headings may vary):

1.3.1.1 Overview of the Research Question

This section should briefly indicate the nature of the research and research question(s) to be addressed, methods to be used and populations studied. It should also indicate the rationale for the particular contribution this project hopes to make. This overview should be brief (e.g. a paragraph) as its elaboration will form the subject of the rest of the report.

1.3.1.2 Literature Review and Rationale for the Study

This is where the theoretical and clinical issues underlying the project are disseminated. It should incorporate a relevant literature review, but always bearing in mind that the underlying purpose of this is to offer the *rationale/justification* for the hypotheses and questions of your own particular research project.

Essentially, in this section you need to *make explicit the questions/hypotheses addressed by your research, and the rationale behind them*. It is in offering the rationale behind your research questions (e.g. testing a theory, exploring an association between some variables in a given population, evaluating the outcome of an intervention) that a *synthesis* of the research and knowledge base which has informed your hypotheses should be offered. The significance of your potential findings to this knowledge base should also be highlighted in this section.

It may also be important to justify and offer the rationale behind the methodology employed at this stage (especially if it is novel, untried, has a relatively brief history, or is not commonly familiar - e.g. some qualitative methodologies, rep. grid techniques etc.). This may involve reviewing the literature on a given methodological approach or genre. *This section should not normally be more than 8 pages (double spaced) in length.*

1.3.1.3 Research Methodology (Protocol)

In this section you should precisely define the methods and procedures you intend to use. It may foreshadow the Method section of your final report and should include information on:

i *Participants* - sex, age, educational/social/marital status, inclusion and exclusion criteria, numbers, method of recruitment, informed consent, where participants are to be recruited from (and contacts established regarding this).

ii *Materials/Apparatus* - questionnaires to be used (describe nature of, reliability, validity), interview schedule and how it was derived, equipment etc.

iii *Design* - some examination of design to be used - qualitative, quantitative, control (e.g. pre-post; waiting list control; comparative treatment etc.) dependent and independent variables, how participants will be assigned to groups etc.

iv *Procedure* - usually an account of what will actually happen regarding the collection of data.

It is important to ensure that your planned research project is feasible in terms of the proposed methods. One key consideration is the likelihood of obtaining an appropriate sample size. Sample size will be determined by your research design, among other factors and some guidance follows:

Quantitative Research using Inferential Statistics

Sample size for quantitative research is reasonably straightforward to discern, in that in most cases it should be based on ensuring that there is a minimum level of statistical power in the sample attained. The minimum level of statistical power acceptable is 80%. In all cases where the primary research question will be addressed via inferential statistics, a sample size calculation based on power should be produced.

Sample size calculations are estimates and, therefore, you should not treat the sample size calculation as a fixed value that must be obtained, no matter what. Rather, the sample size calculation provides a number that should guide the planning of the project and the assessment of its feasibility. As 'real data' is collected, the sample size calculation may be reproduced, based on this additional information, to determine whether the sample size needs to be adjusted. However, it should be borne in mind that this might result in an increase in the required sample size.

Quantitative Research Using Descriptive Statistics Only

In some cases, it is legitimate for trainees to use descriptive statistics only in the analysis of their LSRP. For example, where the LSRP is a pilot/feasibility study, a case study, a case series, or a small n experiment. In the case of a pilot/feasibility study and a case study it would be usual for the quantitative data to be supplemented by qualitative data. The same might be true for a case series design.

Although all legitimate designs for an LSRP, trainees should be aware that it can be more difficult to make the case that these research designs contribute substantially to scientific knowledge in the area, which is the minimum criterion for publication.

For all of these studies, there is no formal mechanism of calculating sample size. The sample size must be justified based on the specifics of the design; the amount of data

being collected and the number of time points for data collection. As a guide, the following might be useful:

Pilot / feasibility study: Browne (1995) indicates that 30 participants could be sufficient for a two-group pilot study, although Sim and Lewis (2012) suggest 50 participants. Therefore, pilot studies should aim for 25 participants per group, and certainly no less than 15 per group.

Case series: If a small series of case studies (supplemented by qualitative data and containing a considerable amount of information), then a small number is preferable (i.e. 2 or 3 cases), otherwise the richness of the information is lost. If primarily quantitative data, then the number will be limited to the cohort and the amount of information to be presented (eg. number of data collection points). In effect, the larger the sample size, the better, but a sample size of 6-15 seems like an appropriate number, given that such studies are often conducted on new interventions.

Small n experiment: Very often this is 1 or 2 participants, although the number will be determined by whether there is a requirement to have multiple baselines. The burden here is not on obtaining the sample size but on obtaining a large number of data collection points.

Qualitative Research

There are many ways of conducting qualitative research and it is impossible to provide a specific sample size number for all qualitative studies. Primarily the sample size for qualitative research should be clearly justified in the proposal. It is also acknowledged that the quality of the data obtained when conducting the research might result in an alteration of the proposed sample size, as data quality is a more important determinant than sample size. However, some general guidelines are useful.

Grounded Theory: sample size is the number required to reach saturation. Often this is difficult to estimate in advance of the research being conducted, so can be a risky strategy for trainees, given the time constraint on the research.

Interpretative Phenomenological Analysis: As a guide, Turpin et al. (1997) suggest that six to eight participants is an appropriate number for an IPA study conducted for the major research project on a Doctorate in Clinical Psychology training course in the UK. However, more recent papers discussing the IPA approach make a case for smaller sample sizes (Reid, Flowers & Larkin, 2005), including the single case study approach (Eatough & Smith, 2006; Smith, 2004).

Secondary Data Analysis

Secondary data is information that was collected for a previous study or purpose. Often this will include large longitudinal national studies collected by professional bodies which will contain rich information that would otherwise be impossible for a clinical trainee to collect. Using secondary data is to be encouraged when certain criteria are met, namely:

- It is important to ensure the data will let you answer the research question you wish to address.
- You must become familiar with (and be able to defend) the data and how it is was collected.
- The data is used in a substantial and high quality project. Secondary data analysis means the trainee may have to invest less time and effort in data collection. This means it must be apparent that additional time and effort have been invested in other parts of the project (for example, using sophisticated analyses, addressing major theoretical/clinical issues, etc.).

The fact that the original data collection received ethical approval does not automatically mean there will be no ethical issues in a secondary data analysis study. Secondary data normally falls within 3 categories:

- Data that is non-sensitive and there is no risk of participant identification.
- Data that is protected by legalisation (e.g. census data) and is normally provided in a 'safe' anonymised format.
- Data where there is the potential to identify individuals (for example, post code and medical history).

The third category requires careful consideration regarding the potential risk of disclosing personal information. Researchers must ascertain if consent for secondary data analysis was sought that when the data was originally collected. If it was not explicitly stated then researchers must consider the feasibility of contacting the participants to obtain consent. It is best practice to seek ethical approval for all secondary data analysis studies.

Important Points to Note

In situations where the research conducted is part of an ongoing research programme, the final decision regarding sample size rests with the research programme leader. An appropriate strategy for managing the sample size should be agreed by all parties in advance of the trainee-supervisor agreement being signed.

When a sample size has been approved in a research proposal, any changes to this sample size in the final report should also be clearly justified. Submitting a research project where the sample size is smaller than that agreed by the DClinPsych Research panel leaves the trainee at risk. Therefore, trainees must make every effort to assure themselves that their proposed sample size is realistic. Difficulties in recruitment should be expected and contingency plans should be made. Where extenuating circumstances exist which result in a smaller than planned sample size, these should be recorded, along with any attempts to resolve the situation.

References

Browne, R.H. (1995). On the use of a pilot sample for sample size determination. *Statistics in Medicine*, 14, 1933-1940.

Eatough, V. & Smith, J.A. (2006). I feel like scrambled egg in my head: An idiographic case study of meaning making and anger using interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 79, 115-135.

Reid, K., Flowers, P. & Larkin, M. (2005). Exploring lived experience: An introduction to interpretative phenomenological analysis. *The Psychologist*, 18, 20-23.

Sim, J. & Lewis, M. (2012). The size of a pilot study for a clinical trial should be calculated in relation to considerations of precision and efficiency. *Journal of Clinical Epidemiology*, 65, 301-308.

Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39-54.

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J.A. & Walsh, S. (1997). Standards for research projects and theses involving qualitative methods. Suggested guidelines for trainees and courses. *Clinical Psychology Forum*, 108, 3-7.

1.3.1.4 Data Analysis

If the design involves straightforward analysis (e.g. ANOVAs etc.) this section can be dealt with very briefly. If more complex or less traditional methods of analyses are involved then you should discuss these in some detail. In all cases you should consider how chosen methods of analyses are most suited to your research questions.

1.3.1.5 Appendix

This will include information of a pragmatic and "trouble-shooting" nature. In particular:

i Include a projected personal **timetable** for completion of the research. Although all subsequent placements may not have been finalised, you should have a good idea of your placement and academic commitments up to the submission deadline of your project report. Submit a month by month (perhaps weekly at some points) projection of time allotted to submission to an ethics committee, data collection, analyses, write-up, revisions etc. Such a timetable may of course, change, but planning at this stage should help time management of remaining requirements (coursework, placements etc.) as you move towards the end of the course.

ii Financial aspects should be considered. In particular, detail the elements of your research activities which have *hidden costs* (e.g. photocopying, travel extraneous to placement activities but reclaimed as part of monthly travel claims) and project what the actual costings of these might be. Additional costs/requests for monies should also be highlighted here (see Appendix).

iii Research Supervision Guidelines and Agreement Form. The Research Supervision Guidelines and Agreement must be read, understood and signed by the trainee, supervisors and research coordinator and submitted with the project proposal, if not before.

1.3.2 IRAS Form

Once large scale research project proposals have been approved by the DClinPsych Research Panel, you will be able to move forward with obtaining external research

governance and ethics permissions as appropriate. IRAS (Integrated Research Application System) is a single system for applying for the permissions and approvals for health and social care / community care research in the UK. You must register on the IRAS site in order to use the system. IRAS enables you to enter the information about your research project once, instead of duplicating information in separate application forms for different approval bodies. Usually, DClinPsych trainee research will require both REC approval (Research Ethics Approval) and HSC R&D approval (approval from R&D Offices of participating HSC Trusts in Northern Ireland).

The IRAS system uses filters to ensure that the information entered and collated is appropriate to the type of study being proposed, and consequently the permissions and approvals required. The IRAS system allows you to generate different forms (e.g. REC form and HSC R&D form) from the information collated on the system. Other useful features of the IRAS system include 'electronic signatures' and 'e-learning tutorials'. The IRAS system can be accessed at:
https://www.myresearchproject.org.uk

Trainees should submit a draft version of the full dataset form generated by the IRAS system, and all other accompanying documentation (such as Participant Information Sheets, Consent forms etc) to their supervisor for approval before submission.

1.4 Research Governance and Ethics

Trainees should consider very carefully all ethical issues related to their research activity and ensure their work does not breach the BPS code of conduct (see Appendix). Time should be devoted to exploring and considering these with the supervisors of the project at the outset. Additional guidance regarding the ethics of particular types of research (eg. internet-mediated research) can be found at:
http://www.bps.org.uk/publications/policy-and-guidelines/research-guidelines-policy-documents/research-guidelines-poli

All DClinPsych projects will normally require sponsorship or co-sponsorship from Queen's University Belfast, and co-sponsorship from the participating HSC Trust where appropriate. As a condition of QUB (co)sponsorship, research details must be entered to the 'Human Subjects Database' - normally by the academic supervisor.

Projects usually will have to get approval from a REC (Research Ethics Committee):
http://www.hra.nhs.uk/research-community/applying-for-approvals/

Most projects will also require HSC R&D approval from a participating HSC Trust in Northern Ireland. It is good practice to make contact with the Research Officer at the participating HSC Trust to inform them about the details of your research prior to the application being submitted. Further details on HSC Trust approvals and contact details can be found at:
http://www.qub.ac.uk/directorates/ResearchEnterprise/ResearchGovernanceandEthics/HealthandSocialCareResearchTrusts/

Other projects may require approval from the School of Psychology. Information on applying for ethics approval from the School can be found at:
https://vle.qol.qub.ac.uk/sites/SPSY/ethics/Psychology%20Research%20Ethics%20Homepage/Home.aspx

The Research Coordinator and research supervisors will provide guidance on the appropriate permissions required.

A checklist of the Research Ethics and governance approval process is provided in the Appendix.

Additional suggested reading in the area:
Gaw, A. & Burns, M.H.J. (2011). *On Moral Grounds*. SA Press, Glasgow.
MRC Good Research Practice: Principles and Guidelines
http://www.mrc.ac.uk/research/research-policy-ethics/good-research-practice/

1.5 The Large Scale Research Project – The Project Paper

1.5.1 Overview

Communicating research findings, both in paper and oral mediums, is just as important a skill as the conducting of the research itself. It deserves much attention and thought and will inevitably influence the reader's (and examiner's) impressions of your research as well as being an assessed competence in itself. It will therefore be helpful to discuss and request feedback on this with your supervisor before and during the writing up of your paper. It is important to note that supervisors are not expected to read and give feedback on any more than one complete draft of the large scale project submission.

1.5.2 Submission, Length and Format

The large-scale project is to be written up in the **format of a *named journal* paper**, as intended for publication. *You must name the intended journal and write your paper in line with the instructions or guidance for authors for that journal* (a copy of the journal's guidance for authors is to be included in an appendix). Furthermore, all pages should be numbered and the left hand margin should be sufficient to allow for future binding. The ***named journal*** must be agreed with your Research Supervisors and the Research Coordinator prior to writing of the paper.

Pay particular attention to the structure and style of papers already published in your named journal. Your paper should not include everything that was ever written about and around a topic, but only a synthesis of those ideas, models, findings etc. that relate to, and offer a rationale for, the *specific* questions which you are addressing in *your* research. Indeed, it may be appropriate not to report on everything that you actually did in the course of your research. Some questionnaires for example, initially promising with respect to the issues addressed, may end up being tangential to the story you want to tell, or the case you want to present, in your paper.

Be succinct, clear and focused throughout. Having enough time for a review, after you have the total paper written, often helps in weeding out redundant discourse. It is essential that you maintain close contact with your research supervisors throughout and ensure that they have time to read a draft of your paper.

A typical format for a research paper includes each of the following sections: TITLE, ABSTRACT, INTRODUCTION, METHODS, RESULTS, DISCUSSION, REFERENCES.

As noted earlier, this may vary. It may for example, be appropriate to include a *"Comment" /"Discussion "* on your results in stages, followed by a final *"Conclusions"* section (for example if there are several discrete parts/questions addressed by the study), rather than presenting all your results together. This may especially be the case if there are lots of results - the reader will have forgotten/lost sight of what they were by the time

they get to reading your interpretation of them. Similarly, dividing your Method section into participants/design/ apparatus/materials /procedure may not be appropriate for all methodologies. The format and structure is there to facilitate, not constrain, understanding of the substance of your research.

1.5.2.1 Title and Abstract

The title should inform the reader, simply and succinctly, of what your paper is about. It should include keywords, such as the issue addressed / key variables manipulated / participants etc.

The abstract is crucially important. Not only does it create the first impression of the quality of your paper and research, but it inspires (or fails to inspire) interest in the paper and offers the framework on which to hang the ensuing details. It is often easy to "lose sight of the wood for the trees" in a paper, and the abstract offers a very explicit picture before proceeding forth!

In a few sentences the reason for the research should be made clear. The nature of the procedures/methodology should be indicated. The results should be clearly summarised (without means, statistics etc.) or overviewed, and the nature of the interpretation/ meaning indicated or foreshadowed. You must follow the length, style and structure of abstract as indicated in your named journal.

1.5.2.2 Introduction

Many people confuse an *Introduction* with writing an essay review of an area. This is not appropriate, as the reader is launched into a method section without any clear idea of what particular questions are being asked, or the rationale behind them, in the case of your specific research project.

The primary function of an introduction is to introduce *your* research; the review of previous research is only important in so far as it helps in this. Essentially, in this section you need to *make explicit the questions/hypotheses addressed by your paper, and the rationale behind them*. It is in offering the rationale behind your research questions (e.g. testing a theory, exploring an association between some variables in a given population, evaluating the outcome of an intervention) that a *synthesis* of the research and knowledge base which has informed your hypotheses should be offered. It may also be important to justify and offer the rationale behind the methodology employed at this stage (especially if it is novel, untried, has a relatively brief history, or is not commonly familiar). The synthesis of the knowledge base should be succinct. Refer the reader to other review papers of an area/theory/ if necessary and only review and critique those parts of the knowledge base which are specifically pertinent to your project.

1.5.2.3 Method

The method section tells the reader *how* you actually examined/tested the questions addressed by your paper. It essentially serves two purposes. Firstly, it allows the reader to judge whether, and to what degree, the results and conclusions reached are valid, or whether they need to be tempered by some limitations in methodology. Secondly, the

method section should provide enough information to allow a replication of the study. In addition to these considerations, any ethical issues may also need to be delineated in this section. The method section often varies in structure, but should include information on the following:

i Participants - sex, age, educational/social/marital status, inclusion and exclusion criteria, method of recruitment, informed consent etc.

ii Material/Apparatus - questionnaires used (describe nature of, reliability, validity etc. but put actual questionnaires in an appendix), equipment (make and model etc.), interview schedule (in appendix)

iii Design - some examination of design used - qualitative, quantitative, control (e.g. pre-post; waiting list control; comparative treatment etc.) dependent and independent variables, how subjects assigned to groups, the type of analysis conducted on the data may be relevant here, and should logically follow from your study design

iv Procedures - usually a chronological account of what actually happened from the beginning to end of a data collection session (paraphrase precise instructions unless of particular importance). Ethical issues and how you have considered and addressed them should be integrated here naming the research ethics committee giving approval. (Copies of letters of approval from research ethics committees need to be placed in an appendix in your research portfolio).

This section may not need to be structured according to these particular subsections - it all depends on your particular design, although some sub-sectioning can facilitate comprehension. Refer to the guidelines for authors from your named journal for further information.

1.5.2.4 Results

If there are many results and analyses to present, then it may be helpful to subsection this part of your paper (perhaps along the lines of the main questions/hypotheses addressed by each subsection). The main thing to bear in mind is that the structure is there to facilitate comprehension, and you should not feel bound by a traditional and rigid structure. Let the content dictate the structure, not vice versa. Further, specific requirements may be imposed by your named journal.

Use tables, graphs and figures where appropriate. Your text should highlight important aspects of the tables/figures, but not replicate information already therein. In this section especially, the reader can get “lost” (especially if there is a multitude of results to present), so be very clear, explicit and succinct. Presentation of results does not need to mirror the procedural order of the research, and are best presented in order of importance, in terms of outcome or questions addressed.

Quantitative Analyses

You should check the assumptions underlying any statistical tests you intend to use and have available the evidence to demonstrate that these assumptions were met. When reporting the results of a statistical test you should report: the test value (t, F, r, etc); the degrees of freedom (df), where appropriate; the significance (p) value; and the effect size. When statistical tests are conducted it is not sufficient to present only the probability (statistical significance) values and you should not rely solely on these values when interpreting the results of the analyses. Rather, attention must also be paid to effect sizes. The effect size should assist you in making sense of the clinical significance of your findings in addition to the statistical significance. You should also consider the possible effect of multiple testing and whether some correction (such as the Bonferroni correction) should be applied.

Qualitative Analyses

When dealing with qualitative data, the research findings are sometimes presented in conjunction with a discussion of these findings. In most qualitative analysis, the interpretation and discussion of the data is an integral part of the analysis. To separate these for the purposes of conforming to a report style more suited to quantitative analysis is pointless and could result in some loss of the richness of the information provided. In qualitative papers, interpretation of the findings is usually supported by direct quotes from participants. Participants are normally given pseudonyms to protect their anonymity but to allow quotes from the same individual to be identified.

The analysis of qualitative data is tied to the study design. Data analysis should be informed by the theoretical approach in the same way as the data collection, thereby ensuring a consistent approach to addressing the aim of the study. Therefore, to some extent, the data analysis procedure will be determined by the specific method chosen. Nevertheless, there are some general principles that apply.

The data analysis procedure should be transparent and, in particular, the process by which the data was reduced to themes/categories and conclusions should be made explicit. There should be examples of data that led to certain conclusions and examples that help to illustrate the analytic process, to evidence that conclusions are grounded in the data. During the analysis process it is important to continue the process of reflexion on how the conclusions are influenced by personal assumptions and biases, with a view to ensuring, among other things, that premature analytical closure is avoided. This occurs when you notice patterns in the data at an early stage in the analysis process and then interpret subsequent data in a way that fits with these early interpretations. Remember that the point of qualitative research is not to summarise individuals' responses into an average but to represent the diversity and complexity of responses in a digestible format.

1.5.2.5 Discussion

This section may follow the order of the results, or perhaps more preferably, address each of the questions/issues posed in your introduction, drawing from the results as appropriate. Essentially, you will want to highlight results found, interpret their meaning in the light of the questions addressed, and raise any qualifications to these conclusions if

appropriate (e.g. with reference to limitations in methodology). It is often useful to "follow on" from your own research re. implications for practice or future research, but avoid the temptation to go beyond your data and get drawn into a grandiose treatise on "how things now should be".

Avoid getting caught up in convoluted and spurious explanations or discussion. If results go counter to your hypothesis, don't necessarily try to knock them down or rationalise them away. It may be pertinent to reformulate (as in clinical practice) and rethink the focus of your discussions (it may even be well worth doing some extra review of the literature at this stage).

Do not devote a large portion of your discussion section to highlighting limitations in the study. It is appropriate to discuss how the design of your study might limit generalisations of the findings or might explain contrary findings to previous research. However, highlighting shortcomings in your design because of lack of forward thinking is not appropriate for the discussion section of the "paper" and should be included in the reflective appendix as appropriate.

1.5.2.6 References

The organisation, citing and listing of references should follow the guidance for authors in your named journal.

1.5.2.7 Appendices

The following appendices should be included:

(i) A **technical appendix** which contains statistical analyses and methodological procedures too detailed for a paper format. This may be especially pertinent when procedures are novel or too involved (e.g. some qualitative procedures) to be discussed in the paper, but which provide important information for trainee evaluation purposes.

(ii) A succinct **reflective appendix** which reflects on the skills and experiences accrued in the course of a research exercise should also be included (e.g. own thoughts about strengths and weaknesses of the methodology in this context, personal strengths and weaknesses, appraisal of developmental research competencies in context, any ethical issues raised, implications for personal future research etc.).

(iii) A copy of the instructions for authors from your named journal

(iv) A copy of the approval of the research governance and ethics applications.

1.6 The Systematic Review

1.6.1 Overview

Conducting a systematic review is a lengthy process. Trainees are strongly encouraged to begin the process as early as possible in Year 2. The complete review process typically takes about 12 months.

The systematic review paper (along with the large-scale research project paper) will form part of your research thesis, submitted in your final year and examined in a viva. Generally, the submission, length and format of the systematic review paper should follow the guidelines given above for the large-scale research project paper. In the introduction you need to clearly argue the rationale for your review question. In the method section you should provide an operational definition of the review question, a summary of the search strategies and literature databases used, and details of any eligibility / quality criteria employed. Where statistical meta-analyses are conducted, appropriate summary methods (eg. forest plots) should be used. If a narrative synthesis is more appropriate, this should be provided in the results section. The discussion section should be used for discussing implications for practice and suggestions for primary research.

A systematic review protocol will be submitted to the trainee's supervisor in May of year 2 (please see section 1.6.4 on registering your protocol) and a draft of the systematic review paper will be submitted in January of year 3.

The academic research supervisor will normally be the supervisor for the systematic review. Trainees are required to meet with supervisors regularly and are expected to complete a research supervision record (using the appropriate form – see Appendix) after each meeting with their academic research supervisor. The content of this form should be agreed by the research supervisor. Supervisors will report on supervisees' progress at an annual progress review meeting, where recommendations and/or conditions for ongoing research activity will be discussed.

1.6.2 Detailed Guidance

There are many sources of guidance on conducting and writing up systematic reviews. Most of these sources focus on conducting reviews of effectiveness of interventions, i.e. where the reviews are restricted to including studies which follow experimental designs (such as randomised controlled trials). However, the principles and processes detailed in such sources of help are useful to follow when conducting any type of systematic review, although they may need to be amended as appropriate. Particularly, alternative approaches may be required when conducting systematic reviews of qualitative research, and there are several papers devoted to discussions of this topic, for example:

Timulak, L. (2009) Meta-analysis of qualitative studies: A tool for reviewing qualitative research findings in psychotherapy. *Psychotherapy Research*, 19, 591-600.

The following guidance is taken from Dempster, M. (2003) Systematic Review. In R.L. Miller and J.D. Brewer (eds.) *The A-Z of Social Research*. Sage.

A systematic review is a comprehensive review of literature which differs from a traditional literature review in that it is conducted in a methodical (or systematic) and unbiased manner, according to a pre-specified protocol, with the aim of synthesising the retrieved information through meta-analysis, often using statistical tests. A systematic review can be analogized as primary research where the participants are research publications. The reviewer must specify how the publications (participants) will be selected, the type of instrument that will be used to obtain data from the publications, the methods to be used for this data collection and the type of analysis that will be conducted on the data. Therefore, when undertaking a systematic review, the researcher must follow a 5-step path:

1. *Specify The Question To Be Answered By The Review*

A systematic review aims to answer a specific question, which must be clarified at the outset. A general guideline for formulating the question is that a systematic review cannot answer questions that could not be answered using primary research. For example, a systematic review might aim to answer the question: "what is the effect of hypnosis on simple phobias?"

2. *Write A Protocol (Plan And Design The Review)*

The protocol should begin with a background and rationale for the review and a statement of the review question. This should be followed by further details on the methodology of the review, with sufficient detail to allow replication. The main pieces of information usually contained in a systematic review protocol are:

a) *Eligibility Criteria*

The researcher must decide, on the basis of appropriateness and availability, what types of study design will be included in the review. For example, if the review aims to assess the effectiveness of an intervention, the researcher may decide that only studies following a randomized controlled trial (or true experimental) design will be acceptable. However, the researcher may believe that the review should be all-encompassing and include published material which has not been formally peer reviewed – the so-called "grey literature". In addition, the eligibility criteria should address issues such as the acceptable types of setting, participants, interventions and comparators (if appropriate), outcomes and any language or date restrictions. The eligibility criteria will help to narrow the amount of literature to be reviewed, and is analogous to specifying the population of interest in primary research.

The eligibility criteria helps to clarify any ambiguities contained in the review question. In effect, the eligibility criteria add details to the review question. For example, the review question above could be elaborated by stating that articles would be included in the review if they were primary studies, from any source, in any language, that used experimental or quasi-experimental approaches. Hypnosis and simple phobias would also need to be clearly defined.

b) Search Strategy

Articles for the review can be retrieved by searching electronic databases, by hand searching through appropriate journals and by contacting researchers in the area of interest. To avoid bias in the retrieval of articles, in much the same way as we wish to avoid bias in the selection of a sample for primary research, the search strategy specified in the protocol must include as much detail as possible. In most cases this amounts to a list of keywords and how they will be combined for use in electronic search engines. Some knowledge of the capability of each subject specific database is important at this point, as some databases operate a thesaurus search system and others operate on the basis of keywords only. For this reason, the assistance of an information specialist is helpful during the early stages of a systematic review.

c) Validity Criteria

Having decided on the type of studies to be included in the review, the researcher should now decide how the validity (or quality) of each study is to be assessed, because even published research can be poorly designed, analysed, interpreted or reported. The validity criteria will depend greatly on the types of studies to be included in the review, however quality checklists have been published for the assessment of many types of quantitative and qualitative research.

d) Data Extraction, Analysis and Dissemination

The level of detail provided here will depend very much on the type of review to be undertaken. For example, a data extraction form and plan of analysis can easily be designed and included in a protocol for reviews which are intended to include one type of study design only. Yet, with more complex reviews the data extraction form will begin broad and will be amended as the variety of information provided by the different types of studies becomes apparent. Whatever the case the protocol should contain some information about the type of data that will be sought during the review (based on a consideration of the users of the review), whether the synthesis of information will be narrative, statistical, or a combination of both, and how the results will be reported.

All the above components of the protocol should be piloted before embarking on the data collection phase of the review.

A protocol is a time-consuming but worthwhile part of the systematic review. It enables the researcher to consider the type of people that need to be included in the review team, it provides a focus for the team, it allows an assessment of the time required for the review (usually about 9-12 months) and it publicises the plans for the review.

3. *Retrieve Eligible Literature*

At this stage, a search for articles is conducted using the search strategy outlined in the protocol and articles are retrieved. Studies are then assessed to ensure that they meet the eligibility criteria. With some sophisticated search strategies, certain study designs can be included or excluded and this will reduce the time required for the assessment of eligibility. However when the topic of interest is not well indexed in the electronic databases, the search may result in a large number of articles. It is usual that the eligibility assessment of articles is conducted independently by at least two reviewers and a statistical measure of inter-rater agreement, such as the kappa statistic, is calculated in order to alert the review team to any potential bias. However, for the systematic review paper submitted for assessment as part of the research portfolio, it is acceptable for only one person to conduct the eligibility assessment (see 1.6.3).

4. *Collect Data*

After ineligible articles are excluded from the review (and a record of the reasons for exclusion has been completed), the remaining articles are assessed for quality. Again, it is usual that this assessment is conducted independently by at least two reviewers and their level of agreement assessed statistically but for the systematic review paper submitted for assessment as part of the research portfolio, it is acceptable for only one person to conduct the quality assessment (see 1.6.3). *The review team needs to decide how to take the quality assessment into account. For example, the team could decide a priori on a quality cut-off score below which articles are excluded from the review, they could decide to combine results sequentially based on the quality scores, or they could decide to incorporate the quality scores as a weighting factor in the analysis phase.*

During this stage data is extracted from all articles included in the review. This is an attempt to reduce the information presented in each article to a manageable amount of information which will be included in the analysis. Reviewers must be wary of duplicate publications – the same study reported in different formats in different sources. Also, well-designed studies can often not report sufficient detail about the type of results the reviewers are seeking. These studies should not be discarded, but some attempt should be made to contact the study authors in order to retrieve the necessary detail.

5. *Analyse Data, Draw Conclusions And Report Findings*

When the review includes quantitative information and the studies from which these data have been extracted are sufficiently similar, then statistical meta-analysis should be conducted. This is a procedure which will combine the data from the various studies and provide an overall effect size for the phenomenon under investigation. In other situations, a narrative synthesis of the data should be provided, which will summarize the findings from the different studies and present the reader with an answer to the original review question.

It is worth noting that a major issue currently facing systematic reviewers is publication bias. This is the problem that significant or 'favourable' results are more likely to be published than non-significant or 'unfavourable' results. Considering also that larger studies are more likely to achieve statistically significant results than studies with small samples and that larger studies are given more weight in the statistical meta-analysis, this is a dilemma that must be addressed in any systematic review and researchers are developing statistical procedures to compensate for this problem. However, as researchers can be sponsored by agencies who refuse to publicise 'unfavourable' results and can conduct studies that are never submitted for publication, it should be borne in mind that we will never know whether or not a review truly suffers from publication bias.

Nevertheless, the systematic review is a powerful research methodology which answers questions on the basis of good evidence and provides researchers with a valuable, comprehensive and up-to-date summary of work conducted in a specific area.

Further useful sources of guidance are:
Petticrew, M. & Roberts, H. (2006) *Systematic Reviews in the Social Sciences*. Blackwell Publishing.

NHS Centre for Reviews and Dissemination. (2001) *Undertaking systematic reviews of research on effectiveness: CRD's guidance for those carrying out or commissioning reviews.* York: CRD. Report number 4 (2nd ed).

Trainees may find the Meta-analysis for Observational Studies in Epidemiology (MOOSE) or the Preferred reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines useful for guiding the write-up of the systematic review: http://www.equator-network.org/

1.6.3 Conducting a Systematic Review in Pairs

Normally, two reviewers undertake a systematic review. They will independently assess the eligibility of articles for inclusion in the review, assess the methodological quality of these articles, and extract relevant data from these articles (see 1.6.2). This approach helps to minimise the bias that might be present when a single reviewer only makes these decisions. It is unlikely that a systematic review will be published in a peer-reviewed journal if this process is not followed.

Due to the constraints of the training programme, you are not obliged to engage a second reviewer when conducting your systematic review. However, you might wish to do so to enhance the quality of your review. One way of doing this is for trainees to work on a review in pairs. If this occurs, it is expected that you will work together on the process of the review, i.e. you will work together on identifying relevant literature, assessing article eligibility and quality and on data extraction but your data synthesis should be conducted separately and review reports written separately.

In the situation where two trainees are working on a systematic review together, it is important to plan for the following:

- Your review partner might become ill or be absent for another reason at a crucial point in the review process. If this occurs, it will still be your responsibility to complete your review on time.
- The systematic review is usually related to the large scale research project, but this could no longer be the case for both trainees in the pair
- There is a danger/temptation of plagiarism of the reports. Plagiarism is considered a serious academic offence by the University and will lead to disciplinary proceedings.

You must decide how you want to proceed with your review (i.e. complete the review independently or with another trainee). The Research Co-ordinator and other course staff are willing to discuss the options with you, but ultimately the decision will be yours. Most importantly, you will need to complete the review on time and manage the consequences of any decision you make about how to proceed.

Where a systematic review is being conducted in pairs, there should be a discussion between all parties about who will be the lead supervisor for the review. Normally this supervisor will take the lead in providing feedback on the systematic review protocol and draft paper. Therefore, this agreement should be reached prior to submission of the systematic review protocol. The supervisory load will also have implications for authorship (see section 1.8).

1.6.4 Registering your Systematic Review Protocol

Once your supervisors have approved your systematic review protocol you should register it on PROSPERO. PROSPERO is an international database of prospectively registered systematic reviews that is maintained by the University of York. It includes protocol details for systematic reviews relevant to health and social care where there is a health related outcome.

You can access PROSPERO at: http://www.crd.york.ac.uk/PROSPERO/

The details required for your systematic review protocol are the same as requested by PROSPERO so it should simply be a matter of registering and pasting in the information. Your submission is checked against scope and completeness and a decision made within five working days. It is important to remember that if any major protocol amendments or changes are made you update and record these on PROSPERO. You should also update PROSPERO when your review has been completed and when it is accepted for publication.

The benefits of registering your proposal are:

- Aids transparency & counters publication/reporting bias
- Complies PRISMA guidelines (providing a public record of their planned methods)
- Increase quality for viva/publication

1.7 Final Viva Assessment

The research thesis should be **submitted by APRIL** of your final year. The thesis consists of the following: the systematic literature review and the large-scale research project paper.

Written requests (offering reasons) for an extension of a *specific* time period, should be submitted to, and agreed with, the course team in advance of this deadline. However, as vivas will be held at the end of June/start of July, then it is highly likely that if an extension is granted it will also mean that you will not submit in time to undertake the viva in June/early July.

Vivas will also be held in January, when required. Trainees who need to attend a viva in January should submit their thesis in the preceding November. Vivas will be held at these two points in time only each year.

1.7.1 Originality Checking Service (Turnitin)

The use of an originality checking service, to assess content for originality and potential instances of plagiarism, is a requirement within the General Regulations for Postgraduate Students.

You should normally have at least one opportunity, but not more than two, to have each research report (the systematic review and the large scale research project) submitted through Turnitin, prior to final submission. You will be required to submit an electronic copy of your draft systematic review (in January of Year 3) and an electronic copy of your large scale project (in March of Year 3 at the latest) for checking via Turnitin, at the same time as you submit these drafts to your supervisors for feedback. Your academic supervisor will review the Turnitin report and discuss this with you. Your academic supervisor will be required to indicate that this has happened before you will be able to submit your thesis.

The University has specific regulations and procedures regarding Academic Offences including Research Misconduct. Wilful plagiarism is defined as research misconduct and carries a range of penalties as outlined in the regulations. If used at an early stage, Turnitin can assist in raising any concerns regarding the originality of your work and help prevent this being a significant issue at a more critical stage of the development of the research. Turnitin can be used as a tool to help identify any misconceptions with regard to academic writing and citing of sources.

While you are expected to have a good understanding of citation methods when you enrol on the DClinPsych programme, you may require additional guidance or training in the early stages of your research. Training and support can be accessed from the following sources:

(i) The International and Postgraduate Student Centre offers writing courses. These programmes include sections on plagiarism and the role of effective citation in reducing the risk of this occurring.
(ii) If you experience particular difficulties regarding citation methods, you can access one to one support sessions through the Learning Development Service (LDS). In addition, the LDS has developed a free online tutorial in Harvard referencing (Cite2Write) which all students can access.
(iii) Subject librarians at Queen's provide training and support regarding standard, and subject specific referencing styles. The Library at Queen's provides a range of online materials and links to external sources which can provide further information and tutorial support on citation. You can manage your references and bibliographies through bibliographical management programmes such as Refworks which is free for all staff and students at Queen's. One to one training can be provided by subject librarians in the use of this software.

Students agree that by taking this course all required papers may be subject to submission for textual similarity review to iParadigms for the detection of plagiarism. All submitted papers will be included as source documents in the iParadigms reference database solely for the purpose of detecting plagiarism of such papers. Use of the TurnitinUK service shall be subject to such Terms and Conditions of Use as may be agreed between iParadigms and the Institution from time to time and posted on the TurnitinUK site.

1.7.2 Submission of the Thesis

Two spiral-bound (soft bound) copies of your thesis should be submitted. The thesis should contain a "Contents" page, indicating the titles of your two papers. The systematic review should be presented first. All pages should be numbered consecutively and separate acknowledgements to those who had an input to each should precede each paper. The two papers should be clearly separated in the thesis, perhaps by a coloured page. An electronic copy of your thesis should also be submitted (refer to Appendix for guidance) *and an electronic copy of your data should be sent to your academic supervisor*.

The soft bound copies of your thesis are submitted to Student Registry in the Student Guidance Centre. Student Registry will not accept submission of the thesis without the appropriate submission form. This form needs to be signed by you and your academic supervisor. Copies of the form can be found at:
http://www.qub.ac.uk/directorates/sgc/srecords/Examinations/Postgraduate-Research/SubmissionForms/

The title of your thesis must match the title that the University has been informed about in advance of submission (on the intention to submit form, completed via QSIS). This title should be agreed with your research supervisors. The Research Co-ordinator will advise on when the title needs to be finalised and the University informed.

1.7.3 Structure of the Thesis Submission

The layout for submission of the thesis should be:

Front Matter: Cover page, Contents page, List of abbreviations used (where appropriate).
Section 1: A systematic literature review, prepared as a manuscript for submission to a named journal.
Section 2: Technical Appendix for the systematic review.
Section 3: A copy of the instructions for authors from named journal for the systematic review.
Section 4: The research paper, prepared as a manuscript for submission to a named journal.
Section 5: Technical Appendix for the research paper.
Section 6: A copy of the instructions for authors from named journal for the research paper.
Section 7: Evidence of ethics and governance approval from the appropriate bodies.
Section 8: Reflective Appendix.

1.7.4 The Viva Examination

The viva will be conducted by two examiners, one of whom will be external to the university. One of your supervisors may attend the viva but cannot take part in the examination. You will have the right to ask, in advance, for your supervisor not to be present at the viva. An independent convenor will also be in attendance to monitor the conduct of the examination and provide a report. The independent convenor is not an examiner and will not participate in the substance of the deliberations. Guidelines for examiners are provided in the Appendix.

The following decisions may be reached regarding the outcome of the viva:

(a) Pass unconditionally
(b) Pass subject to minor corrections being made to the research portfolio within a period of not more than four months. These amendments will normally need to be approved by the internal examiner before the final copies of the portfolio can be submitted.
(c) Pass subject to minor revisions being made to the research portfolio within a period of not more than six months. These amendments will normally need to be approved by the internal examiner before the final copies of the portfolio can be submitted.
(d) Revise and resubmit the research portfolio within a period of not more than twelve months. Normally in such cases the same internal and external examiner will examine the revised submission and a second oral examination may be held.
(e) No doctoral degree be awarded.

At the end of the examination, you (and your supervisor if present) will be asked to withdraw while the examiners reach their decision. In normal circumstances, the examiners will then ask you to return to the examination room and will provide an informal and verbal indication of your performance in the viva. Trainees will be informed in writing of the final decisions made by the examiners.

Once a trainee's thesis has been finally approved, **two hard-bound bound copies** of the thesis should then be submitted to Student Registry. Again, this must be accompanied by the appropriate paperwork. Electronic copies should also be made available to the research supervisors.

1.8 Publication

Trainees are encouraged to publish their research. Non-dissemination of data may be perceived as unethical practice. In addition, supervisors are often required to justify the time they devote to assisting trainees with their research and employers expect to see evidence of research output. The DClinPsych course staff will actively promote publication of large scale projects and assist trainees to publish their studies within 6 months of the final submission of the research portfolio. Where there has been no advancement towards publication of a trainee's large scale project within 6 months, the supervisor(s) may wish to take the lead in submitting a manuscript based on the trainee's large scale project for publication.
If a trainee has undertaken a project which is part of a supervisor's ongoing programme of research or a project which was conceptually driven by the supervisor, then the supervisor may wish to take the lead in submission of the journal manuscript and will be first author (see Research Supervision Agreement). In this case the supervisor might also suggest delaying publication until further data has been collected.

The academic supervisor will normally take the role of corresponding author in any manuscript submitted for publication. Further guidelines on authorship are provided in the Appendix. When trainees are working in pairs for the systematic review in particular, it is important to use these authorship guidelines to develop an agreement about the order of authors on any subsequent publications. This agreement should, preferably, be made in writing between both trainees and the supervisors.

It is advisable to address the issue of authorship early in the research process.

A 'publication week' is timetabled in September. This is a time when trainees are expected to submit their manuscripts for publication if they have not already done so. If trainees cannot submit during this week they must arrange to meet with their supervisors to discuss how to progress publication of the research papers and develop an action plan, with agreed deadlines, for doing so.

1.9 Research Leave

Scheduled study days and scheduled research leave should be used for research purposes. Study leave is intended to facilitate the planning, conduct and write-up of the large scale research project. Trainees are permitted, by application, to take additional days as research leave. Applications for research leave must be made in writing on the appropriate form to the Placement Supervisor and Research Co-ordinator. Research leave may not be taken without approved application. In making an application, trainees are required to indicate how the leave is to be used (e.g. literature review, data collection, data analysis, writing, etc). No more than 12 days across the three years will be granted. However, not all trainees will be granted such time (e.g. if time for data collection has been agreed in the context of a given placement). Research leave is not normally granted after the submission of the research portfolio.

1.10 Research Costs and Conference Expenses

It is acknowledged that, as a result of conducting research for the large scale research project, certain research costs will be incurred. The DClinPsych course has a limited budget to meet these costs. Therefore, it is important that trainees estimate as accurately as possible the likely cost of their large scale research project and detail this in their LSRP proposal.

Attendance at relevant scientific and professional conferences is encouraged, especially where trainees intend to present the results of the research conducted during their time on the course. However, partial funding of attendance at conferences will be considered only if there is money available in the research budget after all research project costs have been met. Therefore, trainees are encouraged to approach alternative sources (eg. HSC Trusts) to obtain funding for research-related expenses. Individual applications for support from the research budget for attendance at conferences should be made on the appropriate form, providing a detailed justification for the support requested.

1.11 Progress Regulations

Progress on the research elements of the course shall be monitored via supervisory meetings and via the Formal Review process. Any concerns raised by the supervisor or arising from the formal reviews about a trainee's research progress shall be reviewed by the DClinPsych Board of Examiners, which fulfils the role of the School Postgraduate Research Committee for DClinPsych trainees. The Board of Examiners will decide on whether or not a trainee can progress and can specify certain conditions for progression. The Board of Examiners will also decide on the final viva outcome, taking into consideration the recommendation of the examiners.

Trainees have the right to appeal to the Central Student Research Appeals Committee (CSRAC) for a review of a decision by the Board of Examiners about the research elements of the course. Appeals to CSRAC may be requested on the following grounds:

- New evidence becomes available which could not have been provided to the School (evidence withheld from the School will not normally constitute new evidence).
- There has been a procedural irregularity which has had a demonstrable impact on the progress/assessment/award outcome.
- There is evidence of inadequate supervision. The trainee shall be expected either to show that he/she took action at the earliest possible stage to deal with any alleged supervisory problems, or to explain why he/she did not take such action.
- There is evidence of inadequate assessment of the research elements of the course, on the part of one or more examiners.

Full details of regulations and procedures governing appeals are contained in the University Study Regulations for Research Degree Programmes: http://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/ResearchDegreeProgrammes/

Queen's University Belfast
The School of Psychology
Doctorate in Clinical Psychology

Research Panel
Terms of Reference And Membership

1 Terms of Reference

1.1 To act in an advisory capacity to the Research Co-ordinator and the Course Director on matters pertaining to the research component of the DClinPsych course and to undertake regular reviews of same.

1.2. To help ensure that, in overall aims and structure, the research component of the postgraduate professional training course in Clinical Psychology remains relevant to the needs of clinical psychology in Northern Ireland meets the standards required for professional accreditation.

1.3 To report to the *Board of Studies* on matters pertaining to the research component of the course.

1.4 To peer review trainees' large-scale research project proposals and provide feedback to trainees on research ethics and research design issues.

1.5 To promote research partnerships between the university, course and clinical services in the region which (a) strengthen the quality and range of research opportunities available to trainees and (b) act as a resource for promoting research activity in the profession of clinical psychology in the region.

2 Membership

2.1 The following shall be members of the *Research Panel*:

- Permanent members: the Research Co-ordinator and Course Director of the DClinPsych programme, *ex officio*, and up to thirteen co-opted members to represent the course team, university, clinical supervisors and a user / carer organisation in the region.

- Non-permanent members: current supervisors of DClinPsych trainees' large-scale research projects (if not already included as a permanent member) and two third year trainee representatives will be invited to attend annually as appropriate.

2.2 All members of the Research Panel are appointed by the Course Director of the DClinPsych programme.

2.3 In order for the proceedings of the Research Panel to be valid, a quorum of not less than three members of the Panel should be in attendance.

2.4 Membership of the Research Panel is reviewed annually. Co-opted members will normally serve for three years.

3 Meetings

3.1. Meetings should take place at least twice a year – in November to review large scale project proposals and in advance of the *Board of Studies* June meeting. Additional meetings may be called as necessary by two or more members in consultation with the Chair. The Panel will report to *Board of Studies*.

3.2 Meetings should be chaired by the Research Coordinator.

3.3 Agendas for meetings will be circulated at least one week before the meeting with a call for items for the agenda at least 2 – 3 weeks before.

3.4 The Course Administrator will normally take minutes for the meeting and circulate minutes to members for any corrections.

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Service-Related Project Registration Form

Name of Trainee:	
Name of Supervisor:	
Title of Project:	

Question	Answer	Action
1. Does the study require access to people because they are HPSS patients or relatives of HPSS patients or residents in a residential or nursing home?	No Yes	REC application not required Go to 2
2. Does the study involve any activity which is not part of planned routine clinical care, eg. extra hospital or home visits?	Yes No	REC application required Go to 3
3. a) Does the study involve allocating people to different treatment groups? b) Does the study involve an attempt to test an hypothesis? c) Does the study involve the application of selection criteria to patients with the same problem before they are entered into the study? d) Is the study a systematic investigation which aims to advance theoretical knowledge in the area?	Yes to any No to all	REC application required Go to 4
4. Is the study an evaluation or audit of planned routine services / clinical care?	Yes No	Go to 5 REC application required
5. Has this routine clinical care previously been offered by this service?	Yes No	REC application not required Go to 6
6. Is this service / clinical practice based on services / clinical practices for which there are established standards?	Yes No	REC application not required REC application required

We declare that a REC application is required / is not* required.
* delete as applicable

We have complied fully with the requirements and procedures of the organisation (eg. Trust) hosting the project.

We have read the guidelines for the service-related project provided in the DClinPsych course handbook.

Signed:

_____	_____
Trainee	Date
_____	_____
Supervisor	Date

Please attach a protocol for the proposed project.

Further information can be found in the BPS Best Practice Guidelines for the Conduct of Psychological Research within the NHS, available on the DClinPsych website.

Service-Related Project: Feedback Form

Trainee:	
Supervisor:	
Project Title:	
Date Submitted:	

Assessor Decision

Please circle and complete details on ONE of the following decisions:

a. the Service-Related Project be passed as it stands.

b. the Service-Related Project be passed subject to minor corrections.
(Minor corrections must normally be completed within four weeks)

c. the Service-Related Project be passed subject to minor revisions.
(Minor revisions must normally be completed within six weeks)

d. the Service-Related Project must be revised and re-submitted[1]

e. the Service-Related Project cannot be passed

[1] Where a project is required to be revised and resubmitted, guidance should be provided about how it could be improved but these should not be in the form of specific revisions.

Assessor: _____ Date: _____

Feedback

Assessors are asked to consider the following aspects of the project in their comments, as deemed appropriate:

1. **Rationale/Context:** Is literature reviewed in a focused way which leads towards an explicit rationale for the project? Is the literature reviewed relevant and pertinent to the nature of the activity? Are the aims and objectives of the project clear? Do these match the activity actually involved?

2. **Methods/Protocols:** Are methods and protocols justified? Are methods employed appropriate to the research question? Is attention to issues of control and validity appropriate to the aims of the study and intended generalisability of conclusions? Does the trainee evidence ethical practice and awareness in the recruitment and treatment of participants? Are protocols clear and reproducible?

3. **Findings/Analysis:** Are the research findings (summary data etc.) clearly presented? Are appropriate methods of analyses employed and does the trainee seem aware of the utility and limitations of such procedures?

4. **Interpretation/Discussion:** Are interpretations of findings clearly articulated? Are the limitations of the research and other interpretations acknowledged? Are appropriate clinical/professional applications considered? Are findings and interpretations related back to the stated aims or hypotheses and other work in this area?

5. **Dissemination/Presentation:** Is the "story" of the research clearly written at a level and in a way which is appropriate for the intended "audience" of the research Is the "Reflective" and, if appropriate, is the "Technical" appendix included? Does structure and presentation aid comprehension and appreciation? Has attention been given to grammar, syntax, clear expression, proof-reading etc. Is the referencing complete and in a systematic format?

Service Related Project: Supervisor's Report

The following information and ratings are requested from the supervisor alone. This report may be important in mediating the ratings arrived at.

Trainee:

Supervisor:

Project Title: .

Please indicate the amount of help and assistance given to the trainee in each of the following areas:

	None	**A Little**	**Some**	**Quite a Lot**	**Excessive**
Choice of Subject					
Practical Aspects: Subjects, ethics, committees etc.					
Literature search					
Choice and Development of Materials					
Design of Study					
Data Collection					
Analysis of Data					
Interpretation of Results					
Thesis write-up and compilation					

General Comments: *(Please offer any general comments you may have, or feel is important in assessing this research e.g. trainee's grasp of the knowledge base, effort expended on the research and paper compilation, care and sensitivity in designing and carrying out the research, skill in interpretation and research generally, any extenuating circumstances etc.)*

Please note overleaf any feedback and/or specific amendments that you would suggest for the project, on the basis of the draft project report submitted to you

Supervisor: **Date:**

Queen's University Belfast
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Large Scale Research Project
Research Supervision Guidelines and Agreement

Trainee	

Clinical / External Supervisor	

Academic / Internal Supervisor(s)	

1. **Overview:** This Research Supervision Agreement (RSA) should be read and understood by the trainee and supervisors at the outset of the research project. Trainee and supervisors should retain signed copies and a copy should be submitted to the research coordinator as soon as it is complete and no later than project proposal submission. The RSA may be renegotiated at any point but only with the agreement of all parties.

2. **Remit of the Large Scale Research Project**: Guidelines for the LSRP are contained in the trainee handbook. In summary, this project should:

   2.1. Be a piece of empirical work which demonstrates the trainee's ability to rigorously investigate a research question with appropriate attention given to research parameters of *control* and *validity*.
   2.2. Address a *conceptual* and *generalisable* issue related to the knowledge base of clinical psychology.
   2.3. Foci may relate to advancing the understanding of psychological presentations, evaluating interventions or professional practices etc. Methodology may be quantitative, qualitative, or a combination thereof as appropriate to the question posed.
   2.4. The project may capitalise on, and become part of, an ongoing research programme in the region in which their supervisor or others are involved. However, it must be demonstrated that the trainee has made a significant independent contribution to the work.
   2.5. The LSRP should be written up in paper format suitable for publication.

3. **Responsibilities of the clinical supervisor**: these may vary depending on supervisor interests and research skills and the following list is not meant to be restrictive or exhaustive. However, the following are core responsibilities of the clinical supervisor:

   3.1. Offer guidance and feedback on the research proposal. In particular, advise as to whether a project will be feasible in terms of access to participants (and in sufficient

numbers) and practical feasibility in terms of research support in the organisational context.

3.2. Advise in the preparation of the ethics application and any other research governance procedures with which the project needs to comply.
3.3. Discuss ways to access participants with the trainee and any other service providers as appropriate.
3.4. Discuss progress of work with the trainee on a regular basis to ensure project is on track and that data is being collected in an ethical manner. Communicate any concerns over the latter to the research coordinator.
3.5. Have a right to become involved in data analysis and interpretation if desired.
3.6. Discuss findings and interpretation with trainee.
3.7. Provide supervisor feedback on trainee research activity and have a right to comment on draft submissions and receive a copy of the final paper.

4. **Responsibilities of the academic supervisor(s):** core responsibilities include to:

4.1. Offer advice and guidance during the generation of the research proposal, especially with regard to issues of research design.
4.2. Read through and provide written feedback on the research proposal.
4.3. Meet with the trainee on a regular basis to monitor progress of work and ensure data collection is proceeding in an ethical manner. Communicate any concerns to the research coordinator.
4.4. Advise and provide, or help attain, guidance on data analysis.
4.5. Discuss findings and interpretations with trainee. Discuss format of write-up.
4.6. Read through and provide written feedback on **one full draft** of the write-up.
4.7. Provide supervisor feedback on trainee research activity.

5. **Responsibilities of the trainee**: whilst supervisors and the research coordinator will advise and support the trainee in conducting and writing-up their LSRP, final responsibility for developing and demonstrating research competency rests with the trainee. Core responsibilities include to:

5.1. Generate and prepare the initial research proposal.
5.2. Submit project for ethics approval, comply with any other research governance procedures as appropriate.
5.3. Liaise with supervisors and other service providers as appropriate in gaining access to participants.
5.4. Collect data as agreed following proposal and ethics feedback.
5.5. Assume responsibility for ensuring supervision meetings occur on a regular basis to monitor progress and produce a written record of these meetings for supervisors' approval.
5.6. Ensure any changes or modifications to the research protocol have been agreed with research supervisors.
5.7. Undertake data analysis following advice and guidance from supervisors and statistical consultants as appropriate.
5.8. Prepare at least one draft write-up of the project within an agreed period of time. Revise the write-up in the light of feedback.

6. **The Research coordinator and course team**: the whole supervision process, as described above, will be supported and monitored by the research coordinator and the course team.

    6.1. A taught research programme, together with workshops and group supervision, are organised at QUB to prepare trainees for the LSRP.
    6.2. In addition to supervisor feedback and guidance, trainees will get feedback from the research coordinator and other members of the course team following their project proposal presentations early in Year 2.
    6.3. The DClinPsych Research Panel will also provide feedback on the written project proposal.
    6.4. As noted above, it is the responsibility of the trainee and supervisors to alert the research coordinator to any concerns which may emerge. However, the course team will formally monitor project progress with the trainee at the Formal Reviews. The research coordinator will seek formal feedback on progress from both supervisors and trainees in May of Year 2.
    6.5. The research coordinator and course team will not routinely give feedback on the draft write-up of projects, unless he/she is the academic supervisor whose responsibility this is. Should trainees feel additional guidance or feedback is necessary this should be discussed in the first instance with the research coordinator.

7. **Publication and authorship**: It is expected that every effort should be made to have the LSRP published. Conducting research demands a significant investment of time, financial and human resources from participants, health and university staff and organisations, as well as the trainee. Publishing the findings is arguably a responsibility, therefore, rather than a luxury. Trainees and supervisors may consult Game and West (2002) "Principles of publishing", *The Psychologist*, 15(3), 126-129 with respect to guidance on publishing and authorship. The following principles operate on the DClinPsych course at QUB and should be agreed by trainee and supervisors if the project is deemed to be publishable:

    7.1. The trainee, academic and clinical supervisor should all be authors and a paper should not be submitted without all parties having read the paper and agreed content.
    7.2. Others, who make a significant contribution to the research design, organisation, data collection, analysis or write-up, should also be considered in authorship. This may be discussed by trainee and supervisors.
    7.3. Normally, the trainee will take the lead in preparing the paper for submission, although the supervisor(s) may make significant contributions to the write-up. In this case the trainee should normally be first author. However, if a trainee has undertaken a project which is part of a supervisor's ongoing programme of research or a project which was conceptually driven by the supervisor, then the supervisor may wish to take the lead in submission of the journal manuscript and will be first author.
    7.4. Even where the trainee would be expected to take the lead in preparing a manuscript for publication, if all parties agree, a supervisor may take the lead in preparing a paper for submission. First authorship may, under these circumstances, be negotiated.
    7.5. A target date for submission (no later than 6 months of final submission of the research portfolio) should be negotiated between trainee and supervisor(s). If this is not met by the trainee, a supervisor may take the lead in publishing the data, with the agreement of the trainee and other supervisor.
    7.6. The academic supervisor will usually be the corresponding author on any publications.

8. **Special Circumstances and Agreement**: Please indicate your agreement to follow the research supervision guidelines as outlined above by signing in the relevant box below.

8.1. Trainee:

Signature:	**Date:**

8.2. Academic Supervisor:

Signature:	**Date:**

8.3. Clinical Supervisor:

Signature:	**Date:**

8.4. Second Academic Supervisor (if applicable)

Signature:	**Date:**

8.5. Research Coordinator Approval

Any Comments:	
Signature:	**Date:**

School of Psychology
Doctorate in Clinical Psychology

Research Supervision Record

Trainee Present	
Supervisors Present	
Date	

Brief summary of content of meeting:

Action points agreed ***(bullet point and indicate who is to do what and by when)*****:**

Date of Next Meeting:	

Queen's University Belfast
The School of Psychology
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Feedback Form - Large Scale Research Proposal

Trainee:	
Project Title:	

Research Panel Decision

Please circle ONE of the following decisions:

Pass unconditionally

Pass unconditionally with only recommended revisions[1]

Pass conditional on required revisions[1]

Currently not passable; revise and resubmit[2]

Not competent / passable; a different project proposal is required[2]

[1] "Required" revisions must be made as a condition of the pass mark awarded. "Recommended" revisions are suggestions only for improving the quality of the proposal write up.

[2] Where a proposal is considered to be currently not passable, guidance may be provided about how it could be improved but these should not be in the form of specific revisions.

Research Panel members:

Date of meeting:

Feedback:

When revising your submission, please pay particular attention to ensuring that changes are consistently applied to all relevant documents, including the IRAS form, proposal, information sheets and consent forms.

Please submit 1 amended copy of your submission and a cover letter detailing how you have addressed each of the required revisions to the Research Co-ordinator by .

QUEEN'S UNIVERSITY, BELFAST Doctorate in Clinical Psychology
LARGE SCALE PROJECT PROPOSAL SUPERVISOR'S RATING FORM

Supervisor _____ Trainee _____
Date _____

RATINGS *The rating scales below are completed on the basis of the supervisor's experience of the trainee while collaborating on the formulation of the large scale project proposal.*

1.	**Transferable Skills**				
1a	Psychological knowledge and thinking	Strength	Appropriate	Requires attention	N/A
1b	Critical and Reflective Evaluation	Strength	Appropriate	Requires attention	N/A
	Overall Rating	Strength	Appropriate	Requires attention	N/A
2.	**Literature Searching**				
2a	Competence in identifying relevant literature	Strength	Appropriate	Requires attention	N/A
2b	Accessing and retrieving relevant literature	Strength	Appropriate	Requires attention	N/A
	Overall Rating	Strength	Appropriate	Requires attention	N/A
3.	**Research Formulation**				
3a	Ability to integrate previous research, weigh appropriately, formulate understanding and generate rationale	Strength	Appropriate	Requires attention	N/A
3b	Ability to formulate aim and research questions or hypotheses	Strength	Appropriate	Requires attention	N/A
	Overall Rating	Strength	Appropriate	Requires attention	N/A
4.	**Design and Methods**				
4a	Choice of appropriate research design to address aim	Strength	Appropriate	Requires attention	N/A
4b	Ability to weigh decisions about accessibility, feasibility, time limitations and statistical power when selecting population and sample size	Strength	Appropriate	Requires attention	N/A
4c	Justifiable selection of data collection tools	Strength	Appropriate	Requires attention	N/A
4d	Development of preliminary plan of analysis	Strength	Appropriate	Requires attention	N/A
	Overall Rating	Strength	Appropriate	Requires attention	N/A
5.	**Personal and Professional skills**				
5a	Ethics	Strength	Appropriate	Requires attention	N/A
5b	Awareness of diversity	Strength	Appropriate	Requires attention	N/A
5c	Ability to use feedback and manage learning needs	Strength	Appropriate	Requires attention	N/A
5d	Work organisation and time management	Strength	Appropriate	Requires attention	N/A
5e	Interpersonal relationships	Strength	Appropriate	Requires attention	N/A
5f	Personal development	Strength	Appropriate	Requires attention	N/A
	Overall Rating	Strength	Appropriate	Requires attention	N/A
6	**Communication**				
6a	Clarity and style	Strength	Appropriate	Requires attention	N/A
6b	Facilitating communication between supervisors	Strength	Appropriate	Requires attention	N/A
	Overall Rating	Strength	Appropriate	Requires attention	N/A

Comments:

Signed: _____ _____

Supervisor **Trainee**

Date: _____ _____

Large Scale Research Project Proposal Costings

Name:

	£
Consumables	
Travel	
Equipment / tests / questionnaires	
Other expenses	
Total	

Consumables

Photocopying costs – 1.5p/page
Envelopes – A5: 2.5p; A4: 3.5p
Labels – 1.5p/label
Postage

Travel

Researcher travel – 43p/mile (up to 1.5l engine); 53p/mile (over 1.5l engine)
Participant travel

Equipment – prices to be supported by documentation

Computer software
Test manuals and record sheets
Questionnaires

Research Governance & Ethics Process for DClinPsych trainee projects (where HSC approvals are required)

	Date	Notes
Submit research proposal to DClinPsych Research Panel		
Response received from DClinPsych Research Panel		Meeting date:
Submit revisions to DClinPsych Research Panel		
Favourable review received from DClinPsych Research Panel		
Make initial contact with Trust and QUB Research Officers		
Apply to QUB Research Governance Office and HSC Trust for (co)sponsorship and await response		
Notice of QUB / HSC Trust co-sponsorship received		Ref:
Register details of project on QUB Human Subjects Database		
Apply to Trust Research Office for Research Governance (HSC R&D) Approval*		
Research Governance (HSC R&D) Approval received from Trust		Ref:
Apply to REC for Ethics Approval*		
Outcome of REC review received		Ref: Meeting date:
If necessary, send revisions to REC (copy to Trust and QUB Research Governance)		
Favourable ethics (REC) review received		
Data collection begins		
If necessary, complete annual progress report using NRES form to REC (copy to Trust and QUB Research Governance)		
If necessary send notice of any amendments to REC (copy to Trust and QUB Research Governance)		
Complete 'End of Study' declaration using NRES form to REC (copy to Trust and QUB Research Governance)		

*** Applications to ORECNI and HSC Trusts can be completed in parallel**

The British Psychological Society

Code of Human Research Ethics

If you have problems reading this document and would like it in a different format, please contact us with your specific requirements.

Tel: 0116 2254 9568; e-mail mail@bps.org.uk.

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1. Background

The revised Society *Ethical Principles for Conducting Research with Human Participants* were published in 1990. This was a widely used document; many institutions and research funding bodies have used it to inform their own research ethics policies and practices. Since that time, additional supplementary guidance documents have also been published to support members conducting research in numerous different contexts. The Society appreciates that the understandings of ethics in research are constantly developing; in addition, other changes with significance for research ethics, such as the advent of the statutory regulation of professional psychological services by the Health Professions Council, have taken place. The revisions of the Society's own *Code of Ethics and Conduct* (2006, 2009) have also influenced thinking in this area. For these reasons, this *Code* has been produced.

The Working Party, Ethics Committee and Research Board thank all those people who were involved in its creation (see Acknowledgements at the back of this document) and encourage individuals and departments to use it as a resource for their own thinking and the continued development of ethical behaviour in psychological research.

Prof. John Oates
Convenor, Working Party on the Code of Research Ethics

Dr Richard Kwiatkowski
Vice-Chair, Ethics Committee

Dr Lisa Morrison Coulthard
BPS Policy Advisor (Science and Research)

1.1 Introduction

This *Code* sets out a set of general principles that are applicable to all research contexts and are intended to cover all research with human participants. Principles of conduct for psychologists in professional practice and working with non-human animals are to be found in the Society's *Code of Ethics and Conduct* and other advisory documents prepared by the Society (such as the *Guidelines for Psychologists Working with Animals*). It may also be helpful to consult the Health Professions Council (HPC) guidance.

Researchers should respect the rights and dignity of participants in their research and the legitimate interests of stakeholders such as funders, institutions, sponsors and society at large.

There are numerous reasons for behaving ethically. Participants in psychological research should have confidence in the investigators. Good psychological research is only possible if there is mutual respect and trust between investigators and participants. Psychological investigators are potentially interested in all aspects of human behaviour and experience. However, for ethics reasons, some areas of human experience and behaviour may be beyond the reach of experiment, observation or other form of psychological intervention. Ethics guidelines are necessary to clarify the conditions under which psychological research can take place. However, as stated in the *Code of Ethics and Conduct*, '… no Code can replace the need for psychologists to use their professional and ethical judgement' (2009, p.4, h). Fundamentally, 'thinking is not optional' (2009, p.5, k).

The principles outlined in this document supplement the general ethics principles in the Society's *Code of Ethics and Conduct*. Both sets of principles are tools for making reasoned judgement. Members of the British Psychological Society are expected to abide by both the *Code of Ethics and Conduct* and also this *Code of Human Research Ethics*. Members should also draw the principles to the attention of research colleagues who are not members of the Society. Members should encourage colleagues, other organisations with whom they work and all researchers whom they supervise (e.g. research assistants and

postgraduate, undergraduate, A-level and GCSE students) to adopt them.

Additional guidance on specific aspects of psychological research ethics can be found on the Society's website (www.bps.org.uk), and queries about research ethics that cannot be answered by reference to this *Code* or the additional guidance on the Society website, can be addressed to the Society's Research Ethics Reference Group via research-ethics@bps.org.uk.

1.2 Definitions of terms

Throughout this document, the following terms are used:

'**Research**' is defined as any form of disciplined enquiry that aims to contribute to a body of knowledge or theory.

'**Research ethics**' refers to the moral principles guiding research from its inception through to completion and publication of results.

'**Research Ethics Committee (REC)**' refers to a multidisciplinary, independent body responsible for reviewing research proposals involving human participants to ensure that their dignity, rights and welfare are protected. The independence and competence of a REC are based upon its membership, its rules regarding conflicts of interest and on regular monitoring of and accountability for its decisions.

'**Protocol**' refers to a filed document which specifies for a research project the procedures for recruiting participants and gathering and managing data, with which all project staff agree to comply.

'**Human participan**t' is defined as including living human beings, human beings who have recently died (cadavers, human remains and body parts), embryos and foetuses, human tissue and bodily fluids and human data and records (such as but not restricted to medical, genetic, financial, personnel, criminal or administrative records and test results including scholastic achievements).

'**Participant**'. It is now common practice to refer to a person who serves as a data source for research as a 'participant'. This recognises their active role and replaces the term 'subject' which has been

viewed as portraying people as passive recipients rather than active agents. While the extent of active 'participation' in the research over and above providing information will of course vary greatly from one project to another, the use of the term 'participant' also serves to acknowledge the autonomy and agency of the individual in contributing to the research, and their right to withdraw at any time without penalty. We recognise that the term 'subject' has currency in certain contexts, such as describing research designs (e.g. 'within-subject).

In psychological research it is also relevant to acknowledge that a participant's understanding of the experience they have while taking part in the research will often be a valuable additional source of information and may well help to enrich the interpretation of findings.

People other than the individuals who are primary data sources may be also need to be included in the consideration of the ethics of research. For example, parents and other relatives, and friends and colleagues may potentially be affected by research, and the ethical conduct of research will often need to be informed by the interests of other stakeholders as well, as noted above

1.3 Why principles?

Research that involves humans addresses a wide range of topics and utilises many different methodologies. The types and severities of risks associated with human research range widely; from innocuous, anonymised at source data gathering on non-sensitive topics, to research carrying multiple high-level risks that demand very detailed ethics protocols and close attention to risk obviation, minimisation and management, along with adequate liability cover. Human research also involves a wide variety of target populations, some of which are vulnerable, lack full competence to consent or are otherwise associated with heightened risks. Increasingly, human research crosses institutional, professional and national boundaries, bringing further complication into the application of appropriate ethics protocols and review processes.

For these reasons, the development of detailed and specific regulations on the handling of ethics issues in human research by researchers, with the aim of covering all eventualities, is seen by many ethicists as an ultimately flawed direction of travel. As soon as one new set of regulations is finalised, a new method or topic of research is likely to emerge that is not covered. The existence of lengthy, detailed and prescriptive professional or institutional regulations raises the risk of researchers following the letter, but not the spirit, of the regulations and may in consequence lead to research being carried out that is ethically flawed. Overly detailed regulations may also make it more difficult for RECs to engage with the nuances of the ethics of individual cases.

A solution to such serious issues is a return to 'first principles'. Ethical research conduct is, in essence, the application of informed moral reasoning, founded on a set of moral principles. In common with the Society's *Code of Ethics and Conduct*, this *Code* introduces the notion of underlying principles to inform psychological research practice. By openly stating the values that underpin our profession, at this historical point, we make them available for discussion and debate, as well as allowing the possibility of clarification and change.

Moreover, locating the responsibility for developing adequate ethics protocols firmly and squarely with researchers themselves can be achieved by appealing to explicit, core principles at a sufficiently high level of abstraction that the likelihood of individual cases falling outside of them is minimal. It is in this spirit that the following principles have been developed:

- Respect for the Autonomy and Dignity of Persons.
- Scientific Value.
- Social Responsibility.
- Maximising Benefit and Minimising Harm.

2. The Principles

2.1 Respect for the autonomy and dignity of persons

Value statement: 'Psychologists value the dignity and worth of all persons equally, with sensitivity to the dynamics of perceived authority or influence over others and with particular regard to people's rights including those of privacy and self-determination' (*Code of Ethics and Conduct*, 2009, p.10).

Adherence to the concept of moral rights is an essential component of respect for the dignity of persons. Rights to privacy, self-determination, personal liberty and natural justice are of particular importance to psychologists, and they have a responsibility to protect and promote these rights in their research activities. As such, psychologists have a responsibility to develop and follow procedures for valid consent, confidentiality, anonymity, fair treatment and due process that are consistent with those rights.

Ethics standards: Psychologists have respect for the autonomy and dignity of persons. In the research context this means that there is a clear duty to participants. For example, psychologists respect the knowledge, insight, experience and expertise of participants and potential participants. They respect individual, cultural and role differences, including those involving age, sex, disability, education, ethnicity, gender, language, national origin, religion, sexual orientation, marital or family situation and socio-economic status.

Given this level of respect psychologists are naturally willing to explain the nature of the research to which participants are being asked to contribute, and to avoid any unfair, prejudiced or discriminatory practice, for example in participant selection or in the content of the research itself.

For these reasons they accept that individuals may choose not to be involved in research, or if they agree to participate they may subsequently request that their data be destroyed. Under such circumstances researchers will comply with any requests that any related data be destroyed, and removed from any datasets.

Where there are necessary time limits on data withdrawal, for example up to a point at which data are aggregated, these limits should always be made clear to participants.

Psychologists respect the autonomy of individuals by making reasoned judgments about any actions in the course of their research that will have an impact on the autonomy of participants, even temporarily, and will always avoid any processes and procedures where any long term impairment or perceived impairment of autonomy might result. A reasoned balance should be struck between protecting participants and recognising their agency and capacity.

Researchers will respect the privacy of individuals, and will ensure that individuals are not personally identifiable, except in exceptional circumstances and then only with clear, unambiguous informed consent. They will respect confidentiality, and will ensure that information or data collected about individuals are appropriately anonymised and cannot be traced back to them by other parties, even if the participants themselves are not troubled by a potential loss of confidentiality. Where a participant wishes to have their voice heard and their identity linked with this, researchers will endeavour to respect such a wish.

In their research, as in all other professional dealings, psychologists will seek to ensure that people's rights are respected and protected.

2.2 Scientific value

Value statement: Research should be designed, reviewed and conducted in a way that ensures its quality, integrity and contribution to the development of knowledge and understanding. Research that is judged within a research community to be poorly designed or conducted wastes resources and devalues the contribution of the participants. At worst it can lead to misleading information being promulgated and can have the potential to cause harm.

Ethics standards: Psychologists are committed to ensuring that the scientific and scholarly standards of their research are accountable and of sufficiently high quality and robustness. Quality relates

primarily to the scientific design of the research and the consideration of potential risks of harm and protocols for addressing such difficulties (should they arise). It is important that the aims of the research are as transparent as possible to ensure that it is clear what the research intends to achieve.

Judgements of scientific value must be appropriate within the context in which the research is being conducted (e.g. the status of the researcher – student, lecturer, senior researcher). In the event that the scientific or scholarly merit of a research proposal is questioned, ethics approval should be withheld until such concerns are positively addressed by the researcher concerned. Principles for ethics review can be found in Section 9 of this Code. See also section 10.4 on student research.

2.3 Social responsibility

Value statement: The discipline of psychology, both as a science and a profession, exists within the context of human society. Accordingly, a shared collective duty for the welfare of human and non-human beings, both within the societies in which psychology researchers live and work, and beyond them, must be acknowledged by those conducting the research. (See also the *Code of Ethics and Conduct*).

Psychology education, science and practice are founded upon freedom of enquiry and debate. However, this freedom must be exercised in a manner consistent with ethics principles.

In whatever social context they work, psychologists should acknowledge the evolution of social structures in relation to societal need and be respectful of such structures. Unwarranted or unnecessary disruption should be avoided unless the psychologist judges that the benefits of intervention outweigh the costs of such disruption (for example, in the protection of vulnerable individuals or groups); (see also Section 1: Respect, of the *Code of Ethics and Conduct*).

Ethics standards: Psychological knowledge must be generated and used for beneficial purposes. Such purposes can be broadly defined as those that not only support and reflect respect for the dignity and

integrity of persons (both individually and collectively) but also contribute to the 'common good'.

Accordingly, psychologists must be able to work in partnership with others (including professional colleagues, research participants, and other persons); be self-reflective; and be open to challenges that question the contributions of psychological knowledge to society. Psychology researchers need to be aware of their personal and professional responsibilities, to be alert to the possible consequences of unexpected as well as predicted outcomes of their work, and to acknowledge the often problematic nature of the interpretation of research findings.

2.4 Maximising benefit and minimising harm

Value statement: In accordance with Ethics Principle 3: Responsibility of the *Code of Ethics and Conduct*, psychologists should consider all research from the standpoint of the research participants, with the aim of avoiding potential risks to psychological well-being, mental health, personal values, or dignity.

Ethics standards: Psychology researchers should seek to maximise the benefits of their work at all stages, from inception through to dissemination.

Harm to research participants must be avoided. Where risks arise as an unavoidable and integral element of the research, robust risk assessment and management protocols should be developed and complied with. Normally, the risk of harm must be no greater than that encountered in ordinary life, i.e. participants should not be exposed to risks greater than or additional to those to which they are exposed in their normal lifestyles. Where a tension arises between the legitimate needs of research and the avoidance of risk, reasoned judgement should be applied, based on the principles in this *Code*. If unavoidable additional risks are present, researchers should assess these risks for their probability and severity, and put in place measures to obviate, minimise and manage such risks.

Psychologists need to be sensitive to the potential impact of their interventions, for example to the possibility of individual distress that

may be caused unwittingly, to the danger of 'normalising' unhelpful behaviours or to creating self-doubt. A difference in power inevitably exists between researchers and participants, even if researchers seek to minimise it. Sensitivity is therefore essential, and caution is usually necessary. In conjunction with the previous section of this *Code* it may be that researchers will need to consider the costs to the individual participant versus potential societal benefits. This is a difficult balance to strike and should be arrived at by careful and explicit analysis.

Further discussion of risk in psychological research can be found in the following section.

3. Risk

Risk can be defined as the potential physical or psychological harm, discomfort or stress to human participants that a research project may generate. This is an important consideration in psychological research, where there is a wide range of potential risks. These include risks to the participant's personal social status, privacy, personal values and beliefs, personal relationships, as well as the adverse effects of the disclosure of illegal, sexual or deviant behaviour. Research that carries no physical risk can nevertheless be disruptive and damaging to research participants (both as individuals or whole communities/categories of people).

It is important to acknowledge that it can be difficult to determine all potential risks at the outset of a piece of research. However, researchers should endeavour to identify and assess all possible risks and develop protocols for risk management as an integral part of the design of the project, and ensure that appropriate levels of ethics review are applied.

The following research would normally be considered as involving more than minimal risk:

- Research involving vulnerable groups (such as children aged 16 and under; those lacking capacity; or individuals in a dependent or unequal relationship);
- Research involving sensitive topics (such as participants' sexual behaviour; their legal or political behaviour; their experience of violence; their gender or ethnic status);
- Research involving a significant element of deception;
- Research involving access to records of personal or confidential information (including genetic or other biological information);
- Research involving access to potentially sensitive data through third parties (such as employee data);

- Research that could induce psychological stress, anxiety or humiliation or cause more than minimal pain (e.g. repetitive or prolonged testing);
- Research involving invasive interventions (such as the administration of drugs or other substances, vigorous physical exercise or techniques such as hypnotherapy) that would not usually be encountered during everyday life;
- Research that may have an adverse impact on employment or social standing (e.g. discussion of an employer, discussion of commercially sensitive information);
- Research that may lead to 'labelling' either by the researcher (e.g. categorisation) or by the participant (e.g. 'I am stupid', 'I am not normal');
- Research that involves the collection of human tissue, blood or other biological samples.

Some research may pose risks to participants in a way that is legitimate in the context of that research and its outcomes. For example, research to reveal and critique fundamental economic, political or cultural disadvantage and exploitation may involve elements of risk. Further, some research may be considered legitimate if the longer-term gains outweigh the short-term immediate risks to participants (provided that these risks are minimal and neither have lasting effects nor induce prolonged personal discomfort). In instances where an element of risk is an unavoidable element of the research design, a detailed case outlining the cost-benefit analysis and the risk management protocol should be submitted to the Research Ethics Committee.

Risk analysis should not only be confined to considering the interests of the primary participants, but should also consider the interests of any other stakeholders. Where appropriate, the use of risk analysis tools may offer a useful way of identifying, quantifying and managing potential hazards.

4. Valid Consent

In accordance with the *Code of Ethics and Conduct*, researchers should ensure that every person from whom data are gathered for the purposes of research consents freely to the process on the basis of adequate information. They should be able, during the data gathering phase, freely to withdraw or modify their consent and to ask for the destruction of all or part of the data that they have contributed.

The way in which consent is sought from people to participate in or otherwise contribute data for research should be appropriate to the research topic and design, and to the ultimate outputs and uses of the analyses. It should recognise in particular the wide variety of data types, collection and analysis methods, and the range of people's possible responses and sensitivities. The principle of proportionality should apply, such that the procedures for consent are proportional to the nature of participation and the risks involved.

For example, for data from existing datasets where consent was properly gained in the initial collection and this consent covers the uses of data proposed, no further consent will normally be needed. For anonymised-at-source, non-sensitive data, consent may be considered to have been given by the act of participation or by ticking a box, for example. Nevertheless, the risks involved in some anonymised-at-source research, for example, web-based research on sensitive topics such as sexual behaviours, will require carefully prepared prior information and clear consent processes.

When research involves the collection of identity capturing data on sensitive topics, using video or audio recording, or other methodologies where an individual may be identifiable, it is important to consider additional informed consent procedures. These procedures need to be related to both the nature of the data collected and the ultimate use of the data. Separate informed consent agreements for data collection and the dissemination of the study's results may be required.

Researchers should ensure that the protocol they follow for seeking, taking and recording consent is appropriate to local customs, legal frameworks and cultural expectations, and to the nature of the research and its topic, while adhering to the principle of validity. While written consent, as described below, will be the usual approach, other methods, such as audio-recorded verbal consent or implied consent (for example in choosing to input responses to an anonymous online survey on a non-sensitive subject), may be preferable if based on a careful consideration of the research context. It is always important that consent should be documented in an auditable record.

Assessment of risk:

A prior assessment of potential risks should inform the preparation of the information to be given to potential participants and the procedures for seeking consent. This assessment should be used to determine the appropriate form of consent and the nature of any risk management required. When in exceptional circumstances harm, unusual discomfort, or other negative consequences for the individual's future life might occur, the investigator must inform the participants clearly of these additional risks prior to consent. For all research where risks are present, secure liability insurance should be in place to adequately cover the levels of possible harm identified in the risk analysis.

Who can give consent? (see also Section 10.1)

The consent of participants in research, whatever their age or competence, should always be sought, by means appropriate to their age and competence level. For children under 16 years of age and for other persons where capacity to consent may be impaired the additional consent of parents or those with legal responsibility for the individual should normally also be sought. In special circumstances such as where it may be important that views of such participants or findings about them should not be suppressed, the rationale for not seeking parental consent should be clearly stated and approved by a REC.

In the case of very young children, and persons with very limited competence, their assent should be regularly monitored by sensitive attention to any signs, verbal or non-verbal, that they are not wholly willing to continue with the data collection.

If valid consent cannot be obtained from adults with severe impairments in understanding or communication, the investigator should consult a person well-placed to appreciate the participant's reaction, such as a member of the person's family, and must obtain the disinterested approval of the research from independent advisors. Where the research falls within the regulatory framework of the Mental Capacity Act, the Adults with Incapacity (Scotland) Act or relevant legislation in Northern Ireland, approval must be sought from a recognised REC.

Where competence to consent is in question, it should be assessed using a systematic procedure such as engaging the potential participant in a dialogue to explore their understanding of what it is that they are consenting to. This process may usefully include offering a choice to which the response indicates whether the individual is capable of making decisions based on likely outcome.

In relation to the gaining of consent from children and young people in school or other institutional settings, where the research procedures are judged by a senior member of staff or other appropriate professional within the institution to fall within the range of usual curriculum or other institutional activities, and where a risk assessment has identified no significant risks, consent from the participants and the granting of approval and access from a senior member of school staff legally responsible for such approval can be considered sufficient. Where these criteria are not met, it will be a matter of judgement as to the extent to which the difference between these criteria and the data gathering activities of the specific project warrants the seeking of parental consent from children under 16 years of age and young people of limited competence.

When research is being conducted with detained persons, particular care should be taken over informed consent, paying attention to the special circumstances which may affect the person's ability to give free informed consent.

Informing participants:

Giving potential participants sufficient information about the research in an understandable form requires careful drafting of the information sheet. It is recommended that at least one pilot test of the processes for informing and debriefing participants be carried out with a naïve person having a literacy level at the lower end of the range expected in the planned research sample.

In certain circumstances the aims of the research may be compromised by giving full information prior to data collection. In such cases, it should be made clear that this is the case in the information sheet and the means by which the withheld information will be given at the conclusion of data collection should be specified. The amount of information withheld and the delay in disclosing the withheld information should be kept to the absolute minimum necessary.

The information sheet given to potential participants for them to keep should normally offer a clear statement of all those aspects of the research that are relevant for their decision about whether or not to agree to participation. The following list offers a series of headings for consideration. Not all of these will be relevant in specific cases.

- The aim(s) of the project
- The type(s) of data to be collected
- The method(s) of collecting data
- Confidentiality and anonymity conditions associated with the data including any exceptions to confidentiality, for example, with respect to potential disclosures
- Compliance with the Data Protection Act and Freedom of Information Act
- The time commitment expected from participants
- The right to decline to offer any particular information requested by the researcher
- The opportunity to withdraw from the study at any time with no adverse consequences

- The opportunity to have any supplied data destroyed on request (up to a specified date)
- Details of any risks associated with participation
- If appropriate, a statement that recompense for time and inconvenience associated with participation will be given, without specifying the amount or nature of such recompense beyond the reimbursement of incurred expenses such as travel costs
- The name and contact details of the Principal Investigator
- The name and contact details of another person who can receive enquiries about any matters which cannot be satisfactorily resolved with the Principal Investigator
- Details of any insurance indemnity for the research
- Any debriefing that is planned
- How the data will be used and planned outcomes
- Potential benefits of the research
- How the results of the research will be made available to participants

Which of these headings are appropriate, and the extent of information given under each, will depend on the nature of the research. The language should be clear and accessible to people with limited literacy, using short words and sentences, written in the active voice, and avoiding the use of technical terms.

Sufficient time should be given for potential participants to absorb and consider the information given about the research and what is expected of their participation before they are asked to make a decision regarding participation.

Documenting consent:

Consent, whether in a verbal recording, electronic or hard copy form, should include an explicit statement confirming that information about the research has been given to the participant and has been understood. It is important that participants do not

misunderstand any collection of health-related data from them as constituting any form of medical screening. Such misapprehensions might lead them to be less vigilant in relation to seeking medical attention for risks or symptoms of illness.

Normally, where written consent is taken, two copies of a consent form should be signed by the researcher and the consenting participant, and/or their parent/guardian. One copy should be retained by the participant and the other stored by the researcher. The copy retained by the participant should give contact details of a person who may be contacted in the case of any queries arising. For certain types of research, for example where there are identifiable risks, it will also be appropriate for the consent to be witnessed and signed by an independent third party. All records of consent, including audio-recordings, should be stored in the same secure conditions as research data, with due regard to the confidentiality and anonymity protocols of the research which will often involve the storage of personal identity data in a location separate from the linked data.

It is crucial that participation in a research study is not coerced in any way, for example, through offering disproportionate rewards for consenting or indicating disincentives for not consenting. Coercion infringes the human right to autonomy and coerced participation compromises the validity of research data. Investigators should realise that they are often in a position of real or perceived authority or influence over participants. For example, they may be gathering data from their students, employees or clients, from prisoners or from other detained or vulnerable people. This relationship must not be allowed to exert pressure on people to take part in or remain in an investigation and the potential for a power relationship to bias the data should be considered. Similarly, where people in positions of power over potential participants, for example school teachers or prison staff, serve as gatekeepers or recruiters for research, the potential for coercion arising from the power relationships should be recognised and steps taken to avoid it. However, it is acceptable, and in many case proper, for reasonable recompense for attendance,

travel, other incurred costs and the time and inconvenience of participation to be offered.

Need for renewal of consent:

Where the research requires a substantial commitment of time or repeated data collection sessions, such as in longitudinal studies, it will often be appropriate to seek renewed consent from participants. This also recognises that consent should be an ongoing process and that a fuller appreciation of the research and the nature of participation will often become more apparent to participants during the course of their involvement with the research.

Participants should be given information as to whom they may contact in the event of any issues arising in the course of the research that cannot be resolved with members of the project team. Such a contact should be both independent of the project team and also in a position to take appropriate action if issues are raised by participants.

5. Confidentiality

Subject to the requirements of legislation, including the Data Protection Act, information obtained from and about a participant during an investigation is confidential unless otherwise agreed in advance. Investigators who are put under pressure to disclose confidential information should draw this point to the attention of those exerting such pressure. Participants in psychological research have a right to expect that information they provide will be treated confidentially and, if published, will not be identifiable as theirs. In the event that confidentiality and/or anonymity cannot be guaranteed, the participant must be warned of this in advance of agreeing to participate.

The duty of confidentiality is not absolute in law and may in exceptional circumstances be overridden by more compelling duties such as the duty to protect individuals from harm. Where a significant risk of such issues arising is identified in the risk assessment, specific procedures to be followed should be specified in the protocol. Further details on matters concerning confidentiality will be found in the Society's *Code of Ethics and Conduct*, Section 1.2.

6. Giving Advice

In some kinds of investigation the giving of advice is ethical if this forms an intrinsic part of the research, is agreed with the participant and has been subject to ethics review in advance. In other circumstances, however, a researcher may obtain evidence suggesting the existence of psychological or physical problems of which a participant may appear to be unaware. In such a case, the investigator has a responsibility to discuss this with the participant if the investigator believes that by not doing so the participant's future wellbeing may be endangered. Where there is an identified risk of such evidence emerging it is good practice to prepare a protocol in advance and establish an appropriate referral route.

If, in the normal course of psychological research, or as a result of problems detected as above, a participant asks for advice about educational, personality, behavioural or health issues, caution should be exercised. If the issue is serious and the investigator is not competent to offer assistance, the appropriate source of professional advice should be recommended. Further details on the giving of advice will be found in the Society's *Code of Ethics and Conduct.*

7. Deception

To many outside the psychology profession, and to some within it, the idea of deceiving the participants in research is seen as quite inappropriate. The experience of deception in psychological research may have the potential to cause distress and harm, and can make the recipients cynical about the activities and attitudes of psychologists. However, since there are very many psychological processes that are modifiable by individuals if they are aware that they are being studied, the statement of the research focus in advance of the collection of data would make much psychological research impossible. There is a difference between withholding some of the details of the hypothesis under test and deliberately falsely informing the participants of the purpose of the research, especially if the information given implies a more benign topic of study than is in fact the case. This *Code* expects all psychologists to seek to supply as full information as possible to those taking part in their research, recognising that if providing all of that information at the start of a person's participation may not be possible for methodological reasons. If the reaction of participants when deception is revealed later in their participation is likely to lead to discomfort, anger or objections from the participants then the deception is inappropriate. If a proposed research study involves deception, it should be designed in such a way that it protects the dignity and autonomy of the participants.

Where an essential element of the research design would be compromised by full disclosure to participants, the withholding of information should be specified in the project protocol that is subjected to ethics review and explicit procedures should be stated to obviate any potential harm arising from such withholding. Deception or covert collection of data should only take place where it is essential to achieve the research results required, where the research objective has strong scientific merit and where there is an appropriate risk management and harm alleviation strategy.

Studies based on observation in natural settings must respect the privacy and psychological wellbeing of the individuals studied. Unless those observed give their consent to being observed, observational research is only acceptable in public situations where those observed would expect to be observed by strangers. Additionally, particular account should be taken of local cultural values and of the possibility of intruding upon the privacy of individuals who, even while in a normally public space, may believe they are unobserved.

See also the relevant sections of the *Code of Ethics and Conduct* and the Society's guidance on web-based research.

8. Debriefing

As outlined in the *Code of Ethics and Conduct*, when the research data gathering is completed, especially where any deception or withholding of information has taken place, it is important to provide an appropriate debriefing for participants. In some circumstances, the verbal description of the nature of the investigation will not be sufficient to eliminate all possibility of harmful after-effects. For example, following an experiment in which negative mood was induced, it would be ethical to induce a happy mood state before the participant leaves the experimental setting.

9. Principles of Best Practice in Ethics Review

This section of the *Code* sets out principles for ethics review outside of the National Research Ethics Service (NRES) system because the ethical conduct of research is concerned with broader issues than simply the conduct of research with participants; it includes the necessary element of independent review of ethics protocols. In many situations, such as in university psychology departments, there will be a local responsibility to ensure that ethics review complies with current best practice and with the expectations and requirements of sponsors, funding bodies and other stakeholders.

9.1 The principles:

Independence

The ethics review process should be independent of the research itself.

Value statement: this principle highlights the need to avoid conflicts of interest between researchers and those reviewing the ethics protocol, and between reviewers and organisational governance structures. It is conditioned by the fourth principle, which requires recognition of the responsibility of RECs and the need to formulate this clearly. It also invokes the need for external membership of RECs (eschewing the problematic term 'lay'). It is important to recognise the distinction between the review of research ethics and the subsequent governance of approved research, since independence is a core principle in the review process while different considerations may apply in the ongoing governance of research once approved through an ethics review process.

Competence

The ethics review process should be conducted by a competent body.

Value statement: this second principle addresses the need for research protocols to be properly evaluated by reviewers with appropriate expertise, and highlights the need for careful

consideration of the range of membership and ethics specific training of RECs.

Facilitation

The review process should facilitate the understanding and implementation of ethical practices.

Value statement: in addition to the core duty of responding to applications for ethics review with constructive responses, this principle invokes a responsibility to educate, inform and support researchers in the development of their research protocols. RECs should be responsive and avoid delaying valuable research.

Transparency and accountability

The review process should be accountable and open to scrutiny.

Value statement: RECs need to recognise their responsibilities and to be appropriately located within organisational structures that give transparency to the REC operation and procedures to maintain and review standards.

9.2 The role of a Research Ethics Committee (REC)

A REC is normally responsible for:

- reviewing all research involving human participants conducted by individuals employed within or by that institution;
- ensuring that ethics review is independent, competent and timely;
- protecting the dignity, rights and welfare of research participants;
- considering the safety of the researcher(s);
- considering the legitimate interests of other stakeholders;
- making informed judgements of the scientific merit of proposals; and
- making informed recommendations to the researcher if the proposal is found to be wanting in some respect.

9.3 The constitution of a Research Ethics Committee

A REC should normally:

- be multidisciplinary;
- include both men and women;
- include at least one appropriately trained external member with no affiliation with the department, university or research institution;
- be comprised of members with a broad experience of and expertise in the areas of research regularly reviewed by the REC; and must have the confidence and esteem of the research community;
- include least one member who is knowledgeable in ethics;
- include individuals who reflect the ethnic diversity of the local community; users of specialist health, education or social services where these are the focus of research activities; individuals with experience of professional care or counselling; and individuals with specific methodological expertise relevant to the research they review; and
- be constituted so that conflicts of interest are avoided.

This would normally mean that a REC comprises at least seven members

9.4 Training and development of Research Ethics Committee members

The success of a REC relies largely on the degree to which research organisations are able to build appropriate structures and create a culture that recognises the central place that ethics review occupies in good research practice. Ethics training plays a central role in this process; such training should be on-going and become an integral part of research practice.

Successful RECs require agreed minimum standards of training and competence, which may be achieved through programmes at institutional, faculty, departmental or research centre/unit level. The

aim of the training should be to provide individuals with confidence in their abilities to conduct thorough and consistent ethics scrutiny of psychological research.

9.5 Monitoring

All research organisations should establish appropriate procedures to monitor the conduct of research which has received ethics approval until it is completed, and to ensure continuing review where the research design anticipates possible changes over time that might need to be addressed. Monitoring should be proportionate to the nature and degree of risk associated with the research. It should include consideration of best-practice procedures for the secure holding and preservation (or destruction where appropriate) of the data.

Where an REC considers that a monitoring report raises significant concerns about the ethical conduct of the study, it should request a full and detailed account of the research for full ethics review.

Where it is judged that a study is being conducted in a way that is unethical, it should consider the withdrawal of its approval and require that the research should be suspended or discontinued.

9.6 Devolved ethics review

In many organisations ethics review of individual protocols is devolved to departmental level committees. In the case of psychological research this will often mean that a department will have a devolved responsibility for reviewing protocols originating within the department. To avoid conflicts of interest and to assure best practice in ethics review, it is essential that responsibility for the conduct of ethics review should reside with a properly constituted committee with lay membership.

10. Further Guidance

This section gives consideration to aspects of human research ethics where additional risks are likely to be present. Further information on these can be found in the Ethics section of the Society's website.

10.1 Safeguards for working with vulnerable populations

Special safeguards need to be in place for research with vulnerable populations. Vulnerable populations include children under the age of 16, people with learning or communication difficulties, patients in care, people in custody or on probation, and people engaged in illegal activities, such as drug abuse.

In accordance with the Principle of Respect for the Autonomy and Dignity of Persons and the *Code of Ethics and Conduct*, psychologists should ensure that participants from vulnerable populations (such as children, persons lacking capacity, and those in a dependent or unequal relationship) are given ample opportunity to understand the nature, purpose and anticipated outcomes of any research participation, so that they may give consent to the extent that their capabilities allow. Methods that maximise the understanding and ability to consent of such vulnerable persons to give informed consent should be used whenever possible.

Researchers should ensure that they are aware of the provisions of the Mental Capacity Act 2005 and/or other legislation applicable in the location(s) of the research and any requirements with respect to ethics review of research, the provision of adequate liability cover, and the special requirements for gaining valid consent. Researchers should also be aware of and respond to the need for appropriate criminal records disclosures and clearances when their research involves contact with vulnerable people.

10.1.1 Children

If the vulnerable person is unable to give informed consent, consent should be sought from those persons who are legally responsible or appointed to give consent on behalf of persons not competent to

consent on their own behalf, seeking to ensure that respect is paid to any previously expressed preferences of such persons. In research with children under the age of 16, and in specific circumstances as described above in Section 4 on Valid Consent, researchers should ensure that parents or guardians are informed about the nature of the study and given the option to withdraw their child from the study if they so wish. The principle of monitoring the assent of the child will also apply.

10.1.2 Persons lacking capacity

In the specific case of persons lacking capacity to give valid consent, willing and fully informed consent for participation should be sought from a legally responsible proxy; and research without consent from a person should normally only occur if the research activity is considered to provide direct benefit to that person. Specific regulation applies to clinical trials. Further consideration and guidance on this matter is provided in the Society guidelines on *Conducting Research with People Not Having the Capacity to Consent to Their Participation.*

10.1.3 Individuals in a dependent or unequal relationship

Psychologists should be particularly diligent in establishing the valid consent of any person who is in a dependent or unequal relationship to them (e.g. student or client) and should ensure that appropriate consents are obtained from any gatekeepers to participants, for example school principals, parents or legal guardians.

Undergraduate participation in psychological experiments is not required for Society accreditation. It has to be recognised, however, that most psychological research involves human participants and that courses in psychology need to acquaint students with appropriate methods for carrying out such research. Participation by students in psychological research provides them with valuable experience, not just with methodology but also with the ethics problems that can arise when carrying out experiments and other forms of research. Indeed, it can be argued that it is unethical for psychology students or graduates to carry out research with others unless they have been willing to participate, and have had experience

of participation in such research themselves. As a consequence, this forms a normal part of undergraduate training. Students taking undergraduate laboratory classes in psychology, for example, typically recruit each other as participants, as well as recruiting participants other than psychology students for their research.

This *Code* requires that there should be valid consent and no coercion in the recruitment of student participants. Given the non-invasive nature of most psychological research this generally does not present problems. However, in cases where problems with particular forms of research do arise, it is recommended that participants should be given alternatives so that there is no coercion to participate in any particular study. It is also recommended that, where research participation is a course requirement, this be clearly stated in course handbooks or other advertising material, enabling prospective students who do not wish to take part in research to opt for a different course.

10.2 Research within the National Health Service (NHS)

This guidance has been developed to summarise the ethics review process that applies to psychological research that requires NHS approval, which is organised through the National Research Ethics Service (NRES).

Ethics review for research involving the NHS is normally sought from a local Research Ethics Committee (REC) except for research at multiple NHS sites, in which case the application is made through the central NRES system.

Detailed information about applying for ethics review for research in the NHS can be found on the NRES website.

10.2.1 How to decide if your research requires NHS approval

Not all projects undertaken within the NHS are classed as research. In particular, if your study is an audit or service evaluation then it will not normally be classed as research and, therefore, will not require NRES review. This does not mean that no ethics review is required; for example, research involving human participants that is

conducted by staff in a university will normally require review by the university REC even if NRES review is not required.

Guidance on determining where a research project falls within the NHS definitions can be found on the NRES website.

10.2.2 The remit of the NHS REC

NRES advises that:

Ethical advice from the appropriate NHS REC is required for any research proposal involving:

- Patients and users of the NHS. This includes all potential research participants recruited by virtue of the patient or user's past or present treatment by, or use of, the NHS. It includes NHS patients treated under contracts with private sector institutions.
- Individuals identified as potential research participants because of their status as relatives or carers of patients and users of the NHS, as identified above.
- Access to data, organs or other bodily material of past and present NHS patients.
- Foetal material and IVF involving NHS patients.
- The recently dead in NHS premises.
- The use of, or potential access to, NHS premises or facilities.
- NHS staff, recruited as research participants by virtue of their professional role.

(*Source:* NRES web site, Requirements of Research in the NHS)

Furthermore if your study involves the following it will require ethical approval from an NHS REC:

- A prison or a young offender institution.
- A private hospital/care facility and any of the patients who are there because they have been either referred by the NHS or the facility is under contract with the NHS. (Source as above.)

If your research falls into any of the categories as described above then you will need to apply to an NHS REC for approval. If your research does not fall within this remit then the responsibility for approving the research lies with the organisation responsible for the research. It should also be noted that for those studying with a university, the university's ethics review processes should be engaged with to review and approve research proposals.

10.2.3 Applying for ethics review

Once you have established that NHS REC approval is required then you will need to engage with the NRES process.

It should be noted that the first point of call for researchers should be the Research and Development Office(s) of the NHS area(s) where it is planned to carry out the research (these can be approached via the Integrated Research Application System).

10.2.4 The online application process (IRAS)

Previously the process for applying for REC NHS approval required paper-based forms to be completed. However, since the introduction of the new Integrated Research Application System (IRAS) this method should be used to place all NHS REC applications. To access this system you should visit the NRES website.

Instructions and advice on how to complete the form are contained on the website.

It is important to ensure you have conditional funding before you make an NHS REC application as this will assist in ensuring that the application reaches REC review.

10.3 Independent practitioners

An increasing number of independent practitioners and researchers seek ethics review for their proposed research.

If the research is being conducted within the NHS, the individual should contact the NRES for further guidance.

If the research is not being conducted within the NHS, the individual should explore the possibility of obtaining ethics guidance and review from a local university. Universities usually have well established procedures for ethics review, and it may be the case that approval or sound advice could be obtained via this route.

If the research involves social care, it may be possible to obtain ethics review through the national Social Care Research Ethics Committee.

Should review through NRES or a University Research Ethics Committee not be possible, it is advised that the following overarching principles are followed. The individual should be able to demonstrate that:

a) their research proposal was reviewed by an independent person or persons competent to judge ethics standards;

b) they believed they had acted within the ethics standards laid down in relevant guidance documentation (such as the *Code of Ethics and Conduct* and this *Code*); and

c) evidence to this effect could be provided if necessary.

At present, the Society is unable to provide ethics review or approval. It can only provide general guidance on the ethics principles of psychological research as set out in this *Code* and the C*ode of Ethics and Conduct*.

Advice can also be sought from the Society's Research Ethics Reference Group via research-ethics@bps.org.uk.

11. Student Research

Student research is expected to comply with the four principles as set out in this *Code*. The following guidance should be interpreted by Departments with reference to the principles and local circumstances.

All student research should be reviewed by at least two members of academic staff (at least one of whom should be a member of the Society or other appropriate professional organisation) on the basis of a written ethics protocol. In some circumstances generic approval for a research study that will be conducted by a number of students will be appropriate.

Student work sometimes falls into the same category as staff research; it may form part of a larger study and data may be intended for publication. If so, despite the likelihood that it will be closely supervised and will already have been granted ethics approval at project level, it should be the subject of the student's own independent ethics submission. (Where there is any discrepancy between requirements imposed for the student's ethics approval and staff project approval, these issues should be discussed with the supervisor concerned.)

The Purpose of ethics review:

Some student work will be conducted essentially or exclusively for training purposes (individually or as a class exercise). In this case, completing the ethics review procedure has a dual function: first, it is a teaching and learning experience, and second, as for any other ethics submission, it is a formal exercise that seeks to protect participants, researchers and other stakeholders from harm. In some cases, an ethics review application may be graded as an assessment, implying an acceptance that some student submissions will contain significant errors. If this practice is followed, a final version should be produced (agreed with the supervisor or other staff member) that is suitably corrected to comply with the formal requirements. Where the prime focus of a student project is training rather than

generating a novel research output, the training should include an acceptance of the limitations to contributions to knowledge of student research, while also inculcating recognition of the societal value of research.

'Fast-tracking' ethics approval:

In most cases, student work will be non-controversial. If so, and if a 'fast-track' route is available for ethical approval, it should be used. Processes should be in place to identify where there are sufficient concerns about student work for fuller ethics review to be necessary.

This is desirable, especially since large numbers of student ethics submissions may need to be processed and signed off rapidly. Where such a 'fast-track' route is adopted, caution should be exercised since a student might believe a piece of proposed work to be entirely innocuous and raise no significant ethics issues, but close inspection might reveal otherwise. For example, a questionnaire on perceived body image, distributed among adolescent girls, was regarded by a student as factual and neutral but actually created considerable anxiety among the participants, requiring counselling follow-up. Accordingly, it should always be a staff member/supervisor who signs off 'fast tracking', not the student, and it is good practice, even in the case of routine research (for example, creating practice questionnaire items within a methodology class) that a sufficient description of the research is provided to allow a decision by the member of staff (or of the ethics committee) involved in the fast tracking.

Where research is conducted as a class exercise, it is good practice for the responsible teaching staff member to have obtained a single, generic ethics approval for the protocol. However, even in this situation it can be a valuable exercise for students themselves to have to complete an ethics review proforma on at least one occasion for such an exercise, since it alerts them to the ethics issues that need to be considered when undertaking research, and it requires the student to read and think about the Society's ethics codes. Ethics review forms should require confirmation that the applicant has read and understood the Society's published codes. Further, it provides

valuable training in completing ethics review submission documents that will prove useful later in their careers when conducting personal research. Note that laboratory classes can sometimes raise significant ethics issues, such as a need to screen participants to exclude those with specific medical conditions, or ensuring, for example, that participants understand that to avoid ceiling effects in an experiment, no-one will achieve 100 per cent success in the task. Without such information, a participant might come away from the experiment with a feeling that they have 'failed the test', with consequent potential negative effects on their self-esteem.

Scientific value:

Where a research proposal is submitted for work intended to contribute to the scientific literature, one aspect of ethics approval concerns the quality of the study (see earlier Section 2.2 on Scientific Value) and whether participation, which occupies participants' time, is warranted by its import and value. To avoid unnecessary replication, some ethics review procedures require a proposer to confirm that they have conducted an exhaustive literature search to ensure that the proposed project has not been conducted previously elsewhere and that the development of new methods is not being proposed where properly validated methods already exist to adequately address the research question. Although ethics review is primarily aimed at avoiding harm to participants, assessing the quality of a research exercise is also important. For example, an ethics assessor might detect a major design flaw, or believe that the exercise is so trivial as to be worthless. There may be occasions where allowing minor design flaws or other deviations from best scientific practice to be experienced can fulfil a valuable educational function. In such cases students should be made aware that this is the case. Clearly, where students test each other in class, such issues are of little consequence, since much can be learned by the student trainee, and participants, from the conduct of a flawed experiment. The flaw should be pointed out to the student in the course of conventional feedback from tutors rather than via an ethics refusal. Where, for a more substantial piece of scientific work, an ethics reviewer detects what they believe to be a serious design flaw, this

should be discussed in person with the applicant/supervisor, and referred to a third party as necessary, but this does not preclude the granting of ethics approval.

12. Acknowledgements

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The members of the Working Party are:

Professor John Oates (Convenor)

Dr Lisa Morrison Coulthard (Advisor)

Professor Julie Dockrell

Professor Julie Stone

Professor Nigel Foreman

Professor Priscilla Alderson

Professor Max Velmans

Professor Peter Clifton

Dr Richard Kwiatkowski

Dr Abigail Locke

Dr Romola Bucks

Dr Nick Macguire

Christine Grant

The British Psychological Society
St Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK
Tel: 0116 254 9568 Fax: 0116 227 1314 E-mail: mail@bps.org.uk Website: www.bps.org.uk

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The British Psychological Society

Research Board

Statement of Policy on Authorship and Publication Credit (July 2011)

This Statement of Policy has been produced by the Board to supplement Section 4.1 (vi) of the *Code of Ethics and Conduct*.

1. Members of the Society should not claim responsibility and credit, including authorship credit, for the research and intellectual property of others.

2. Members of the Society should ensure that the contributions of others in collaborative work are accurately reflected in the authorship and other publication credits (including appropriate use of acknowledgements and footnotes). Authorship refers to not only the writing up of the work but also scientific contributions (origination and formulation of the research idea and hypotheses, design of the research, designing and conducting major analysis, and interpreting findings). Lesser contributions (such as designing or building research apparatus, recruiting research participants, data collation and entry, and other administrative duties) should not be considered to constitute authorship, but should merit formal acknowledgement. Where significant combinations of these tasks are undertaken, collaborators should ensure that agreement is reached as early in the research as possible as to whether authorship is merited and on what level (see Fine & Kurdek, 1993). This is particularly important in cases where, depending on the nature of a particular project, it is possible that multiple publications will be planned, each of which could involve different authors or different authorship orders. All contributors must be aware that the initial agreed authorship order can change throughout the research and publication processes in order to better reflect the actual contributions of all involved parties. All individuals involved should participate in these discussions in an open and professional manner and changes should only be decided upon mutually after full consideration of all parties' perspectives and contributions.

3. Members of the Society should not claim authorship credit for research on the basis of status or seniority.

4. (a) Members of the Society should ensure that postgraduate students are encouraged to claim first authorship for research arising principally from their PhD dissertation or thesis, in furtherance of (3) above. The authorship of publications arising from doctoral work should, therefore, normally be joint (with the student listed first). The supervisory input provided must, however, justify the inclusion of the supervisor as second author. In exceptional circumstances, however, where considerable revision is required beyond the capabilities of the student, it may be agreed that the supervisor be listed as first author as a result of the additional contributions made (see Costa & Gatz, 1992; Fine & Kurdek, 1993). In the event that a student does not wish to write up their work for publication; or has given consent for the supervisor to do so; the research may be used for publication with the supervisor as principal author and the student as second author.

   (b) Members of the Society should also give similar considerations to those outlined in (a) above to research arising principally from dissertation submitted for Masters degrees. The authorship of publications arising from this work should normally be joint. However, in accordance with the considerations outlined in (a) above, the level of supervisory input should be accurately reflected in the authorship and publication credits.

   (c) Such considerations should also apply in the case of research undertaken by postgraduate students undertaking professional Doctorate courses in psychology.

   (d) In the case of undergraduate dissertations, first authorship will depend on the relative contributions of the individuals. Consideration should be given to the independence of the research conducted by the student, with respect to the experimental design, statistical analysis and the interpretation of the results. Normally, the level of supervisory input provided should be acknowledged by the listing of the supervisor as first author (particularly if the student has elected to do their dissertation research on 'ready-made' projects proposed by their supervisor). Exceptionally, however, where minimal support and intervention by the supervisor has been required, the authorship of publications arising from the work should be joint (with the student listed first).

References

Costa, M.M. & Gatz, M. (1992). Determination of authorship credit in published dissertations. *Psychological Science, 3*, 354–357.

Fine, M. A. & Kurdek, L. A. (1993). Reflections on determining authorship credit and authorship order on faculty-staff collaborations. *American Psychologist, 48*, 1141–1147.

Queen's University Belfast

Guidelines for the Examination of Research Degree Theses

This information is extracted from the University guidelines issued to examiners in research vivas

1. Introduction

This document is intended to be a source of advice and guidance for independent convenors, and external and internal examiners of theses (or other creative practice outputs) submitted for Research Degree Programmes, and for others involved in the examination process. The core regulations available on the web link below take precedence over these guidelines. The student and the examiners may not communicate with each other about the thesis before the examination. http://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulationsUniversityCalendar2011-12/).

2. Summary of Major Steps for Examiners

The major steps for examiners in the examination process are as follows:

(i) Appointment of examiners (section 3).
(ii) Dispatch of thesis and report templates (section 7).
(iii) Independent Report (section 8).
(iv) Oral examination (section 9).
(v) Examiners' recommendation (section 10).
(vi) Joint Report (section 12).
(vii) Amendments Report (section 16).
(viii) Completion Report (section 17).

3. Roles and Responsibilities

3.1 The Examiners

There are normally two examiners for every thesis, one external and one internal. Additional examiners may be appointed in certain circumstances. Examiners will be advised of the identity of their co-examiner(s) on appointment.

Schools are responsible for nominating examiners for theses. Once the University Research and Postgraduate Committee has approved the nominated external examiner, Academic Affairs will send the external examiner(s) a formal appointment letter, which will include an expected submission date for the thesis. This letter will be copied to Schools.

Schools are responsible for the appointment of internal examiners and independent convenors. Only persons of seniority and experience who are able to command authority within the area of research concerned will be appointed as examiners. The School should keep the examiners, Academic Affairs, and Student Services and Systems informed about any subsequent change to the submission date.

3.1.1 The External Examiner

The external examiner is a specialist in the subject area of the thesis and will take the lead in the examination.

To avoid any conflict of interest, the external examiner must be genuinely independent of the University and must not have any links with the student which might be perceived as influencing his or her judgement. For these reasons, the external must not have been a member of staff or a student of the University within the three-year period prior to submission of the thesis, and must not have collaborated in research with the student.

The University is responsible for ensuring that these rules are followed when examiners are appointed, but an examiner who is concerned that his or her links with the University, the student or the supervisor may be material, should contact the Head of the relevant School for advice. Examiners should also contact the Head of School if a possible link develops after the examiner has been appointed but before the thesis is examined – if the student successfully applies for a job in the examiner's research group, for example.

3.1.2 The Internal Examiner

The internal examiner is a full examiner, and is expected to have sufficient knowledge and understanding of the topic to enable him or her to judge the quality of the thesis and to play a full part in the examination. The principal or second supervisor (or any other supervisor) may not be appointed as an examiner. In exceptional circumstances researchers who have had a substantial direct involvement in the student's work or whose own work is the focus of the research project may be appointed as an examiner.

The internal examiner is responsible to the University for ensuring that all the necessary paperwork is completed after the examination.

3.2 Independent Convenor of the Oral Examination

A Director of Research (or nominee of equivalent experience) will also be appointed as an independent convenor of the oral examination panel. The independent convenor will be in attendance to monitor the conduct of the examination and provide a report.

The following guidelines outline the role of the independent convenor:

(i) The convenor will be a member of academic staff, of appropriate seniority and experience to ensure the proper conduct of the proceedings. He/she may be from a different research area/School to the student.

(ii) The convenor is responsible for ensuring that the oral is conducted in a fair manner, and must be present for the duration of the examination. However, the convenor is not one of the examiners and will not participate in the examination of the student, nor is there a requirement to read the thesis.

(iii) The convenor will introduce those present at the oral examination, put everyone at ease, and ensure that those present understand the procedures to be followed. The convenor will ensure that all parties to the examination process fully understand the expectations of them, and will offer assistance and facilitation where necessary.

(iv) The convenor is responsible for ensuring that the oral is of a reasonable duration. Where the oral is longer than two hours, it is recommended that the student be offered a short intermission. Where difficulties arise, the convenor will decide whether an adjournment is required.

(v) In small subject areas where no one but the supervisor is qualified to examine the thesis, a second external may be appointed instead of an internal. In such cases, the convenor may undertake responsibility co-ordinating the examination arrangements.

(vi) The convenor will intervene if there is a danger of misunderstanding, unfairness, bias or unprofessional behaviour.

(vii) At the end of the oral examination, the convenor will ask the student to withdraw while the examiners deliberate, making it clear to the student that he/she is not an examiner and will not participate in the substance of the deliberations.

(viii) If the examiners wish to advise the student of their recommendations, the convenor will make sure this is undertaken in a professional way and with as little stress as possible for those concerned, that the student knows what is required of them and that this recommendation is provisional only. The student must await a formal letter from Student Services and Systems.

(ix) During the oral examination and deliberations, the convenor may make brief notes concerning the conduct of the oral examination. The convenor is required to submit a report on the standard template covering the procedural conduct of the examination.

(x) The convenor may be required to respond to a student appeal, if requested, although in most instances this will not be necessary as the report covering the procedural conduct of the examination should be sufficient.

3.3 The Role of the Supervisor

The academic supervisor will attend the oral, with the agreement of the student, to provide the examiners with any assistance they require, but cannot take any part in the examination. Where a student has two academic supervisors, normally only one of them will attend the examination, by agreement between the student and the supervisors.

The supervisor may speak only with the examiners' agreement. The supervisor's main role is to comment on any practical or administrative difficulties in the pursuit of the research raised by the student. The supervisor will be asked to withdraw before the student, so that the student has an opportunity to say anything he/she would prefer to say without the presence of the supervisor.

3.4 Oral Examination Organiser

The Head of School will designate a member of the school's academic staff to make the arrangements for the oral examination, including setting the date and arranging a venue. This may be the supervisor or the School postgraduate tutor (or equivalent) but will not normally be the internal examiner. The student and the examiners will all be consulted about the date of the oral. The School will confirm the date of the oral examination in writing to all parties in advance.

In exceptional circumstances, and at the written request of the student, the School Postgraduate Research Committee may grant permission for an oral examination to be held elsewhere, or for it to take place via telephone- or video-conferencing. Examples of exceptional circumstances in which such arrangements have been permitted include when an external examiner has been unable to travel, and when an international student has not received a visa to return for the examination. Any such requests must be forwarded to the School Postgraduate Research Committee through the supervisor and the Head of School.

5. Criteria for Awarding Degrees

A research degree is awarded following the successful presentation of a satisfactory thesis and its defence at an oral examination, in accordance with the criteria outlined below from the Framework for Higher Education Qualifications in England, Wales and Northern Ireland. (For Professional Doctorates, students will have successfully completed the taught elements of the programme before advancing to the final research element.)

5.2 Requirements for the Doctoral Degree

Doctoral degrees are awarded to students who have demonstrated:

(i) The creation and interpretation of new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication.
(ii) A systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice.
(iii) The general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems.
(iv) A detailed understanding of applicable techniques for research and advanced academic enquiry.

Typically, holders of the qualification will be able to:

(i) Make informed judgements on complex issues in specialist fields, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences.

(ii) Continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas, or approaches.

And holders will have:

(i) The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional or equivalent environments.

6. Research Misconduct

The research and the written submission must be the student's own work. An examiner who, in reading a thesis, discovers evidence of plagiarism, fabrication of results or other research misconduct should report the matter immediately to the Head of School. The Head of School will arrange for an investigation under the appropriate University procedure, and will inform the examiners of the outcome in due course. The examination will not continue until this process is complete, and may not continue at all if the student is found to have committed a serious academic offence.

7. Despatch of the Thesis

A period of six weeks is normally allowed for reading and examining a thesis, including the oral examination of the student.

8. Independent Report

Each examiner is required to complete an Independent Report on the thesis before the oral examination, without consulting the other examiner(s). Each examiner will indicate in this preliminary report whether the thesis provisionally satisfies the requirements for the research degree and will make an appropriate provisional recommendation subject to the outcome of the oral examination. Examiners must bring the Independent Reports with them to the oral examination, and time should be scheduled to discuss them before the examination starts. The Independent Reports must be submitted to Student Services and Systems along with the Joint Report after the oral (see 12).

9. Oral Examination

An oral examination is compulsory for all Research Degree Programmes and will be attended by the internal and external examiners and independently convened by a Director of Research (or nominee of equivalent experience). It will be held in the University, with the external examiner travelling to Queen's to attend it.

The oral examination is used to assess both the written submission and the student. It may serve a number of different functions, as follows:

(i) It provides the student with the opportunity to defend the thesis through high-level debate with experts in the subject.
(ii) It gives the examiners an opportunity to explore any doubts they may have about the material presented in the thesis.
(iii) It can be used to determine that the student is the author of the written materials submitted.

(iv) It enables the examiners to check that the student has a thorough understanding of the theoretical framework, issues, methods and statistical analysis involved.

9.1 Arrangements Prior to the Oral Examination

There will be a brief meeting between the examiners before the oral examination starts, when they will exchange their Independent Reports (see 8).

The student and the examiners may not communicate with each other about the thesis before the examination.

9.2 Conduct of the Oral

Any telephones should be switched off or diverted during the examination. If the student and supervisor may be required to wait outside the room at any time, seating should be provided if possible.

The examiners will tell the student at the outset that he/she will not be informed of the result of the examination until the oral is completed, and that no conclusions should be drawn from this.

To put the student at ease, the examiners should start with general comments or questions. The external examiner should normally then ask the first substantive question.

An oral examination should normally last for between one and two hours. If it lasts for longer than this, the student should be offered a rest pause at the end of two hours.

9.3 Concluding the Oral Examination

At the end of the examination the student and the supervisor will be asked to leave while the examiners confer. The student will be notified officially of the result by Student Services and Systems, but some examiners may choose to recall the student and inform him or her of the outcome.

10. Examiners' Recommendations

The examiners' Joint Report must include one of the following recommendations:

(i) The Doctoral degree be awarded as the thesis stands.
(ii) The Doctoral degree be awarded subject to minor corrections* being made to the thesis.
(iii) The Doctoral degree be awarded subject to minor revisions** being made to the thesis.
(iv) The thesis be revised and re-submitted*** for the Doctoral degree at a later date. The examiners must indicate whether or not another oral examination will be required. Students are normally only permitted to revise and re-submit a thesis once, not counting minor corrections or minor revisions.
(v) A Master's degree be awarded as the thesis stands.
(vi) A Master's degree be awarded subject to minor corrections* being made to the thesis.

(vii) A Master's degree be awarded subject to minor revisions** being made to the thesis.

(viii) The thesis be revised and re-submitted*** for a Master's degree at a later date, with or without another oral examination. The examiners must indicate whether or not another oral examination will be required.

(ix) No degree be awarded.

* Minor corrections. The internal examiner must notify the student in writing of the minor corrections required, normally within two weeks of the oral examination. It is for the examiners to decide if the changes need to be approved by the internal, the external or both. However, both examiners must sign off any subsequent decision that the degree should not be awarded. Students must normally complete minor corrections to the satisfaction of the internal examiner within two months for full-time students, or four months for part-time students, from the examiners' written notification of the minor corrections required.

** Minor revisions are matters which are in excess of minor corrections, but not, in the opinion of the examiner, sufficient to require the student to revise and resubmit. The internal examiner must notify the student in writing of the minor revisions required, normally within two weeks of the oral examination. It is for the examiners to decide if the changes need to be approved by the internal, the external or both. However, both examiners must sign off any subsequent decision that the degree should not be awarded. Students must normally complete minor revisions to the satisfaction of the internal examiner within four months for full-time students, or six months for part-time students, from the examiners' written notification of the minor revisions required.

*** Revision and re-submission reflects that substantial revisions are required to make the thesis acceptable. The internal examiner must notify the student in writing of the major revisions required, normally within two weeks of the oral examination. Both full-time and part-time students must normally complete major revisions and resubmit the thesis for re-examination, within twelve months of the examiners' written notification of the major revisions required. The examiners shall indicate whether or not a second oral examination will be necessary. A further oral shall be required, notwithstanding the content of the first report, should the recommendation after the re-submission of the thesis be that no degree be awarded or that a Master's degree be awarded in lieu of the Doctoral degree. The same examiners as for the original submission shall examine the re-submission.

11. Disagreement between the Examiners

If the examiners cannot reach agreement on a recommendation, the internal examiner will notify the Chair of the School Postgraduate Research Committee (SPRC), who will arrange for an additional external examiner to be appointed following the normal University procedures. The additional external examiner will be informed that the original examiners have been unable to reach agreement and will be sent the Independent Reports. The decision of the new external examiner will be final.

Any disagreement between examiners in the course of the examination should be described in the report, even in cases where a firm joint recommendation is eventually made.

12. Joint Report

A Joint Report signed by all the examiners must be completed after the oral examination, and submitted to the School within five working days of the oral examination.

The examiners should write the Joint Report together or, after detailed discussion and by agreement, one examiner should write the report and send it on the other(s) for amendment and/or signature. The Joint Report should reflect the examiners' assessment of both the written submission and the student's performance at the oral examination, and must include a recommendation as to the outcome of the examination (see 10). It need not repeat comments already made in the Independent Reports. The Joint and Independent Reports taken together should be of sufficient length and provide sufficient evidence to justify the examiners' recommendation.

13. Report of the Independent Convenor

The independent convenor will be required to submit a report on the standard template covering the procedural conduct of the examination to the School within five working days of the oral examination.

19. Examination-Related Appeals

Students who are dissatisfied with the outcome of the examination process may appeal to the Central Student Research Appeals Committee.

The examiners' reports will be released to the Central Student Research Appeals Committee. Examiners will be notified in writing that an appeal has been made and will be offered the opportunity to respond to the student's letter of appeal. Any responses they make will be released to the appellant and to the Central Student Research Appeals Committee. The examiners will be informed in writing of the outcome of the appeal. Full details on appeals to the Central Student Research Appeals Committee, including grounds for appeal and the procedures can be accessed on page 36 of the University Calendar for Postgraduate Students (http://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulationsUniversityCalendar2011-12/).