Doctorate in Clinical Psychology (DClinPsy)

Research Handbook

Cohort 2023-2026

Contents

The Research Team

Your research development on the Doctor of Clinical Psychology Programme at The University of Exeter is supported by a dedicated research team. For details of members of staff in each team, please refer to the staff page on the website: https://psychology.exeter.ac.uk/study/clinical/dclinpsy/team/. You can find research interests and orientations on staff profiles.

We look forward to working with you and hope you will enjoy your research journey with us.

The Research Director oversees the research aspect of the clinical training as and can be contacted on: DClinPsy-Research-Director@exeter.ac.uk

Your Dedicated PGR Support Team can be contacted on DClinPsy@ Exeter.ac.uk

Aims and Objectives

This handbook describes the key elements of the research module of the DClinPsy and is designed to provide an overview of the research training support and requirements.

Introduction

Clinical psychologists are positioned within a rapidly changing health services profession. Our goal is to equip clinical psychologists with the skills to shape and manage health problems at an individual and systemic level. Research skills are a critical component of this training. A reflective, scientist-practitioner approach provides psychologists with a basis for understanding psychological processes and clinical outcomes. These skills are also used to advise and assist colleagues in allied professions who have not had research training. The expected outcome is that trainees will continue to be "research active" after completion of the programme either in producing research in their future careers, facilitating research, or applying research to inform their practice. For trainees who choose a career in teaching and training, competence in evaluating and applying current research is a significant asset in keeping abreast of developments in their area of specialisation.

Our research training is based on the MRC's Complex Interventions Framework, a model of intervention development and evaluation. This framework serves as a comprehensive model of research development, evaluation and dissemination (Phase I: development, Phase II: piloting, Phase III: evaluation, Phase IV:

dissemination). Research training focuses on psychological approaches to the framework, including using theory, and incorporating systemic and process/mechanism level variables.

We are committed to supporting lifelong scholarly activity and academic development during the programme. All trainees are encouraged to build upon their existing skills by completing and publishing research, reviews, and critiques within the context of the clinical training programme. We strongly support and encourage this. The research module has been developed in consultation with other members of the training team, relevant stakeholders (e.g., research supervisors and field collaborators, trainees, service users, local Heads of Service) and research tutors on other clinical psychology programmes to ensure its relevance to clinical psychology practice.

Time Allocation and the Research Module Structure

The Doctor of Clinical Psychology (DclinPsy) Programme at the University of Exeter is classified as a Postgraduate Research Degree (PGR).

Module description

The research module comprises one of the three necessary modules for the DClinPsy. The Research Module Descriptors provide the Intended Learning Outcomes (linked to the British Psychological Society Standards for the Accreditation of Doctoral Programmes in Clinical Psychology (January, 2019) syllabus plan, and details of assessment for the research elements of the DClinPsy.

Module	Year of study
PSYD064: Research Skills in Clinical Psychology	Year 1
PSYD065: Research Skills in Clinical Psychology	Year 2
PSYD066: Research Skills in Clinical Psychology	Year 3

The research module has been designed to support the development of the competencies set out by the British Psychological Society Standards for the Accreditation of Doctoral Programmes in Clinical Psychology (January, 2019) https://cms.bps.org.uk/sites/default/files/2022-07/Clinical Accreditation Handbook 2019.pdf

Competency	Code
Generalisable metacompetencies	GMC
Psychological assessment	PA

Psychological formulation	PF
Psychological intervention	PI
Evaluation	E
Research	R
Personal and professional skills and values	PPSV
Communicating and teaching	CT
Organisational and systemic influence and leadership	OSIL

The Research Module aims to develop trainees':

1. Ability to formulate, design, carry out, critically evaluate, and disseminate the results of research that is relevant to the concerns of clients, service users, providers and commissioners of health services, including the broader public (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL)
2. Awareness of important stakeholders in clinical psychology research and promote the collaborative involvement of these stakeholders in the research process (e.g., providers, purchasers and service users, research councils, professional training organisations, interested clinical psychology colleagues) (GMC, PA, PF, PI, E, R, CT, PPSV)
3. Adoption of clinical research as part of their professional work in their training and their post-qualification careers (GMC, PA, PF, PI, E,R, PPSV, CT, OSIL)

Time Allocation for Research

Trainees are allocated dedicated study time in each year to assist them in undertaking self-directed learning as specified in their individualised research programme and to complete the specified research activities. For general guidance on study days, please visit the relevant module descriptor for your year group in the Appendix 1- Module descriptors.

Programme Requirements and Assessment

The components of the research requirements, assignments, and assessments are summarised in the module descriptors (see Appendix 1- Module descriptors) which gives a detailed overview of assessed research components in the order that they have to be completed.

Assessment of Pre-thesis assignments

The marking guidelines for the assessment of Pre-Thesis assignments can be found in the following link of the TQA manual - https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/professionaldoctoratepgr/#assess.

Procedures of the examination of the Major Research Project (PRP)/Thesis

To understand the assessment process for the final thesis, please consult Chapter 12 of the TQA manual - 12 - Handbook for Examination of Postgraduate Research programmes - Teaching Quality Assurance Manual - University of Exeter

Supervision of postgraduate research students

Research Director

The Research Director for DClinPsy is responsible for the development and management of the DClinPsy Research Modules. The Research Director represents the PGR components of the programme at senior management meetings, programme liaison committee meetings (and other programme meetings), and at both a College and Faculty level. The Research Director can support trainees with any issues not otherwise managed by research consultations or research supervisors.

Supervision for the Major Research Project (Thesis)

For more information regarding Research supervision please visit the following page on the PGR student handbook**:** Research supervision | | University of Exeter

Two Major Research Project (MRP) research supervisors (Lead and Co-supervisor) are allocated to each trainee in Year 1. The lead research supervisor is the primary source of support for thesis related research issues. At the first meeting of trainee and supervisory team, you are encouraged to discuss expectations and work planning with reference to the research contract and publications contract.

Please refer to Chapter 4 of the TQA manual regarding Supervision of Postgraduate research students: **https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/supervisionofpgr/**

PGR Pastoral Tutors

For more information regarding the role of the PGR pastoral tutors please visit the following link**:** 4 - Supervision of Postgraduate Research students - Teaching Quality Assurance Manual - University of Exeter

Line Managers

Each trainee is assigned a line manager during the DClinPsy programme (please refer to the Programme Handbook, for detailed information about the role of the line manager).

Research Monitoring and Responsibilities

MyPGR
Overview

MyPGR is an online facility for the tracking of PGR student registration and progress. The system delivers a consistent approach to the management of PGR students, enabling improved reporting and ensuring an enhanced experience for students.

PGR students on all programmes are given access to the system upon registering for the current academic year, and can be accessed via the SRS login.

The interface allows for the upload of documents, and provides useful information about the student, drawn from the Student Records system.

Key registration processes are managed in the system, for example, interruptions, upgrades, changes of programme and change to continuation status requests.

Your supervisor will also use the system for the nomination of your Board of Examiners when the time comes.

To get a better understanding of how the system works, you might like to take a look at the MyPGR training pages, which include screenshots of the system.

For any issues with your MyPGR record, please contact your relevant PGR Support team.

Contact events

MyPGR provides an online tool which records meetings between students and supervisors / pastoral tutors: students take responsibility for arranging meetings and writing them up, and meetings can be set-up and signed off by more than one supervisor.

MyPGR specifies a minimum number of meetings (contact events) across the year with the deadline for completion of each event the end of the month in which the event falls.

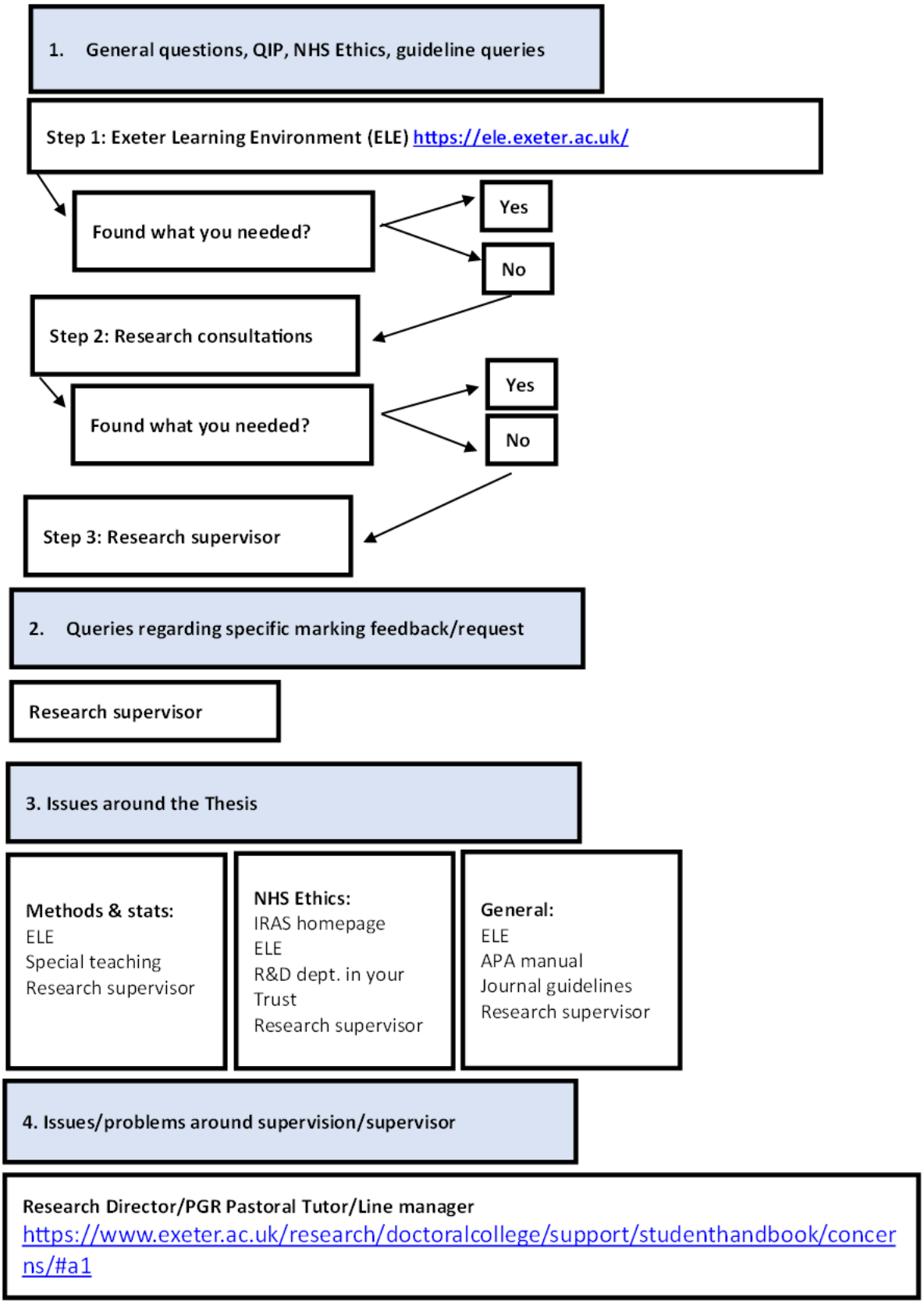
Research and publication contract

In line with University policy, trainees should complete a research contract and publication contract (see Appendix 3 Research Contract) with Research supervisors, keep notes of research supervision sessions and share these with supervisors Research progress will be regularly monitored by the research team. This will involve a monthly review of MyPGR entries and a monthly update from supervisors. In addition, trainees and research supervisors are required to complete a PGR Annual Monitoring Review, see https://www.exeter.ac.uk/research/doctoralcollege/support/studenthandbook/milestones/amr/ and https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/annualmonitoringreview/

Research support and facilities

There are a number of resources available to support trainees' research. The flow chart in Figure 1 may help you to find the support you need within the DClinPsy programme. This flow chart outlines the existing areas of support and when and who to go to for support. In addition, below is a detailed overview of available resources.

Figure 1. Flow chart for finding research support, see explanation in the text.



In addition to the assistance that research supervisors and field collaborators offer, trainees can receive support and advice from the following sources:

The handbook and other material on ELE2

This is the trainees' **primary source** for checking guidelines, downloading teaching materials, and checking other useful resources that the research team has put there.

Weekly Research Consultations

Trainees may seek additional advice using the teams page for Research Consultations. A different research team member is present each week with qualitative and/or quantitative expertise, between 1600 and 1700hrs on a Tuesday afternoon. The link will be circulated to trainees at the beginning of term, and consultations will begin in mid-October, and continue until the end of June in the academic year. Questions can be posted during the week, and as and when a tutor is available these will be responded to. This is an additional resource to ensure that trainees feel that there is an expert regularly available to them, particularly during intense times of the year such as March/April/May when Vivas and mini-Vivas are in progress and supervisors could be very busy.

Researcher Development Service

As PGR students you can access the Researcher Development Service - http://as.exeter.ac.uk/rdp/. This service offers courses and guidance in relation to professional development in research. For training and development enquiries please email: **researcherdevelopment@exeter.ac.uk.**

Research Facilities at the University

A number of research facilities at the University are available to trainees when undertaking research.

1. *Interview & telephone rooms* for research activities trainees can book interview or phone rooms via Washington Singer Reception Mailbox washingtonsingerreception@exeter.ac.uk
2. *AV equipment:* for research activities trainees can book digital audio or video recording devices. Some of the interview & telephone rooms are also equipped with AV devices.
3. *Experimental facilities:* There are also a number of testing rooms in the Washington Singer labs with computers that are ideal for experimental research.
4. *Biobehavioural lab:* The biobehavioural lab is part of the Mood Disorders Centre and has facilities in the Washington Singer and Sir Henry Wellcome Building for Mood Disorders Research and is equipped with multichannel EEG (Brainproducts), equipment to measure peripheral parameters such as heart rate, skin conductance, EMG (BIOPAC) and eye trackers (Tobii,

Eyelink 2000). There are also different Virtual Reality equipment currently used for research on emotion processing and PTSD. Trainees can make use of these excellent facilities.

Research Training Support Grant (RTSG)

Trainees will receive an email from their PGR Support Officer regarding their research fund to support research cost associated with their Major Research Project/Thesis.

Please note that there are no DClinPsy resources to support research costs associated with the QIP. In circumstances where the research proposal has been passed, requests for allocation of funds for the QIP can be made to the Research Director.

Concerns relating to study

For students who wish to raise a concern regarding their studies or supervisor, they are first advised to read through the following flow diagram and then to read about the support available below.
https://www.exeter.ac.uk/research/doctoralcollege/support/studenthandbook/concerns/

Guidelines for completion of research Pre-thesis assignments

General Guidelines

All work should follow the 7th edition of the manuscript preparation guidelines of the American Psychological Association latest edition (APA, 2020) http://www.apastyle.org/. Work must be within the stated word count and the word count must be included on the title page. Reports over the word count will be returned for reduction. Please see **Research Assignment Word Counts** below with specific word count allocation for each assignment (Research proposal, QIP).

In the following section please find the specific guidelines for the required assessments and assignments.

Assessment and Feedback for Pre-thesis Assignments

Pre-thesis written assignments (e.g., the thesis proposal and QIP) are assessed in accordance with the TQA assessment procedures and timelines

https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/professionaldoctoratepgr/

In the research module there are two pre-thesis assignments. The specific marking criteria for these assignments can be found below in the Research proposal section proposal and Quality Improvement Project (QIP) chapter.

Extensions for Pre- Thesis Assignments

Please note that extension requests for pre-thesis assignments should follow the standard academic assignment extension process through mitigation. Trainees should refer to the relevant section in the Programme Handbook for guidance. It's important to clarify that the extension process for submitting the thesis (MRP) differs. Please review the section in the handbook pertaining to the thesis, particularly under the sub-heading "Process for Thesis (MRP) Extension" for detailed information about the process.

Assessment Process

For detailed information about the assessment of Pre-Thesis/Dissertation Modules, please visit the following link: **http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/professionaldoctoratepgr/#assess**

Writing up and evaluating research are complex tasks. Research can address numerous questions, legitimately use several different methodologies and be written up and disseminated in a variety of ways. Evaluation of research necessarily considers all these factors, therefore, rather than provide extensive guidelines, key references for writing and assessing aspects of the research portfolio are given. As research paradigms evolve and change, guidelines for writing and evaluating research necessarily change.

Guidelines for Presentations

As part of the programme, trainees will be required to give several presentations and to attend their colleagues' presentations (as with all teaching, attendance will be monitored). The purpose of these presentations is to increase confidence and effectiveness in communicating research ideas and findings and to get feedback from colleagues on design and presentation. Trainees are expected to give the following presentations throughout the programme:

1. Thesis Proposal (Year 1): A 15 minute presentation outlining a research question, relevant literature and the general approach to be used in evaluating the question (include background, research questions, proposed methods, proposed analyses, and questions/problems that trainees would like help with from the cohort).

2. Thesis Research Presentation/Conference (Year 3): A 20 minute presentation, in the format of a conference presentation, reporting results of the thesis (include background, research questions, methods, analyses, discussion and limitations).

It is essential to allow sufficient time to plan the presentation and in doing so trainees may wish to keep the following questions in mind:

1. What is the purpose of the presentation (or the central question under investigation)?
2. What is the best style of presentation? How can I maintain audience interest?
3. Are the sections of the presentation clearly organised? Are the main points clear and accurate (an itemised summary of key points might help here)?
4. Is the presentation pitched at the right level for the audience?
5. What overall message do I want to convey? Is this clear in my final summary?
6. What is my time limit?

There are some additional considerations relevant to the content of the thesis proposal presentation (Year 1) and the thesis research presentation/conference (Year 3). The content of these should include the following:

1. Identification of the research question,
2. A brief overview of the most pertinent literature,
3. Identification of hypotheses,
4. Description of the research design,
5. Identification of participants,
6. The main ethical considerations,
7. Proposed analytical plan (1st year), or results of data analysis (3rd year),
8. Importance of the research (1st year) or Conclusions or answer(s) to research question (3rd year).

Research Proposal:

The maximum word count for the proposal is 5,000 words (NOT including Tables, figures, abstract, footnotes, references or appendices)

QIP:

The maximum word count for the QIP write-up is 4,000 words (including tables, figures and captions for tables and figures, but NOT including the abstract, footnotes, and references, appendices)

Specific guidelines and marking criteria

The Research Competency Log

The log (see Appendix 6 Research Competency Log) of research and related generic skills and competencies is designed to help trainees to record and reflect on their experience and development during training. It will provide an overall summary of the trainee's clinical research skills and highlight areas for continued professional development.
The log outlines main areas of competence which the BPS expects a trainee to develop during training.
The list is not exhaustive and there are many other competencies that trainees will acquire. It is important to recognise that trainees may not be able to develop all of the competencies in every year of training. Equally, by the end of training, trainees should not expect to be expert in everything: some areas will be better practised than others.

How to use the Self-Rating Log of Research Competence

1. Consider the experience gained prior to or during training in teaching, the QIP, the Thesis or other activities (e.g., clinical placement). Read through the list of competencies below.
2. Use a fresh column for each time (start of training and after every year) when experience has been gained.
3. Refer to the rating definition on the following page and rate each competency with respect to level of ability and importance to own development.
4. Meet with research supervisors at the end of each year and ask for their feedback. Complete the rating in pen when the rating is agreed between trainee and supervisor. If the trainee and supervisor differ, then leave the pencil rating and add the supervisors' rating in pen alongside.
5. Submit the log to the line manager and supervisors before your annual meeting with them (usually in September).

Quality Improvement Project (QIP)

Please see the Research Module Description in the Appendix 1 Research Module Descriptors for the Intended Learning Outcomes associated with the QIP.

In line with HCPC standards and BPS competencies, trainees are expected to conduct and write-up one QIP during training. The programme views service evaluation as an integral part of professional practice that provides a foundation for research practice in clinical settings. The Quality Improvement Study is designed

for trainees to produce a project that is able to directly feed into the development of a service. Through completing the QIP, trainees are able to think through in a systematic way, what might be a quality issue, how it can be understood, think about a strategy, and any testing, and implementation aims. Trainees may not be able to do all of these stages in one project, and may focus, for example, on identifying a quality issue through consultation with service users, or perhaps developing a strategy through consultation with staff and testing any changes that it might affect. For these reasons, trainees will be required to plan and conduct a service-related project as part of their placements in Years 1 and 2 and submit a written assignment describing its conduct and findings.

The research team will work with clinical supervisors to develop a suitable QIP at the beginning of Year 1. A list of QIPs (including supervisor and location) will then be made available to trainees to select their top 3 choices. The QIP co-ordinator will then allocate the QIPs to trainees according to their preference where possible. We will aim to match trainees, as much as is possible, with projects within their service. If this is not possible, we will match by locality Trust, then area, and if not possible within those confines, more broadly outside of area. Trainees should apply for ethical approval from Psychology ethics (please see ELE2), and local NHS R&D governance approval. **Please note, the DClinPsy programme does not cover any research costs (including out-of-locality travel) associated with the QIP.**

The written submission should not exceed 4,000 words and should include the following:

1. Title page (name of trainee, project title and word length)
2. Abstract: summary of background/aims, methods, results, conclusions
3. Background, service issue under investigation and service description: Consider relevant background literature and comment on any relevant service-related or other research in the area. Describe the issue under investigation within the context of the service (service aims, clients referred, clinical orientation). State why it is important to investigate.
4. Methodology: What methods were used to conduct the project? If measures were used, provide a rationale for those developed or chosen. Is there anything that can be said about the reliability, validity or the trustworthiness of measures used or the data collected?
5. Findings: What were the main findings from the project? Present the data in a way that is accessible to all disciplines. How do the findings relate to previous research/theory? What are the strengths and limitations of the study?
6. Theoretical and clinical implications: What are the main implications for the health service? How will the findings be used to improve the service? What are the psychological theoretical implications? How can these improvements be evaluated in future?

7. Conclusions: Summarise the main findings, implications, and future directions.
8. Appendix: Evidence of Ethical/R&D approvals; a statement on plans for dissemination (e.g., presenting the findings to the health service via a brief report or oral presentation; publication of findings in a journal/magazine such as the DCP Clinical Forum); a statement indicating your involvement in the project, any assistance you received, and any difficulties encountered including a reflection of no more than 400 words.

Trainees should seek support for this assignment as outlined in Figure 1. The primary contacts are the QIP supervisors, one of whom will be from the DClinPsy team. The internal supervisor will also provide support and guidance to the field collaborator regarding this project. Additional support can be obtained in research consultation sessions. A copy of the final report must also be submitted to the service in which the research was conducted.

The QIP is marked according to the QIP Marking Guidelines (see Appendix 7 QIP Marking Guidelines) describing the criteria of a good QIP report. The word count for QIP write-up is 4,000 words and includes tables, figures and captions for tables and figures but DOES NOT include the abstract, appendices, footnotes, and references.

Note: you must get your QIP clinical (I.e., external) supervisor's signature on the QIP report cover page. Those without the signature will be counted as late.

Clinical QIP supervisors will also need to provide written consent on behalf of the host NHS Trust before the QIP can be shared via open access. Please complete the QIP Open Access Consent form (see Appendix 8 QIP Open Access Consent**).**

Choice of topic, supervisor(s) and the supervision process for Thesis Proposal and Major Research Project MRP

The programme follows a policy of matching trainees with research active staff. The "supervisor research fair" is a half-day scheduled each October when potential supervisors will be available to speak with trainees about possible projects and mutual research interests. A list of potential supervisors, their research interests and possible project ideas will be emailed to trainees in September. Trainees may further approach staff in the DClinPsy team (directly) and the department to act as potential supervisors of their Thesis. Trainees are then encouraged to familiarise themselves with the publications and research interests of the possible supervisors, and discuss these with the supervisors at the research fair. After the research fair,

trainees will have approximately two weeks to further negotiate a potential match with supervisors they are interested in. Trainees will then complete an online survey, asking them to rank their top five supervisor choices. All trainees are required to specify five choices. The Research Director will then match the trainee to a supervisor based on rankings and availability. Matches will be emailed out within two weeks of the ranking process.

All trainees are required to have one research supervisor within the DClinPsy research team. Upon negotiation with the Research Director and primary and secondary supervisors, trainees may also wish to have additional supervisory team members who can provide specialist relevant expertise (e.g., a clinical psychologist in the NHS with access to patient populations, a supervisor with specialist content, methodological or statistical knowledge of relevance to the thesis). Trainees will receive monthly supervision with at least one member of their supervisory team.

In the first supervision session (Winter of Year 1), trainees must discuss and complete a Research Contract (see Appendix 3 -Research Contract) specifying the responsibilities and expectations of all parties. Trainees will need to consider the BPS policy statement on authorship and publication credit (https://www.bps.org.uk/guideline/statement-policy-authorship-and-publication-credit)for the contract and complete the DClinPsy Contract Regarding Publication Intent (see Appendix 4 - Publication Contract). It is important that these are completed early to ensure trainees establish a research topic and are in a position to meet their project commitments. The contract highlights research activities that should be considered when clarifying roles and expectations. For further information about the role of the supervisors and trainee, please see Code of Good Practice for Postgraduate Supervision (http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/supervisionofpgr/) and the Research Contract. The exact role that a field supervisor plays should be discussed at the outset of the research and be figured into the research contract.

All parties should keep a copy of the signed contract and a copy should be submitted to the PGR Support Team. If changes occur in the research process, a new contract should be developed and submitted to the Research Director(s) and PGR Support Team DClinPsy@exeter.ac.uk.

It is also wise to seek advice about library resources, analyses/statistics, and data management, as appropriate, before beginning the research. Trainees are encouraged to make use of local resources in the University and the NHS (see section Research support and facilities).

Thesis Proposal

Please refer to the module descriptor for module PSYD064 appendix 1 for the Intended Learning Outcomes associated with the Thesis Proposal.

The thesis proposal provides a detailed description of the work that trainees plan to conduct as part of their Thesis. The proposal should be no longer than 5,000 words (excluding appendices, title page, contents page, tables and figures, footnotes and references) and should comprise the following (as appropriate, see suggested marking criteria below)

1. **Title page** including (see an example outline at the end of section 6.4):

1.1 Provisional title of thesis,

1.2 Name of trainee,

1.3 Names of supervisors: Main research supervisor and field collaborator(s) (including

full name and position held),

1.4 Target journal,

1.5 Proposed research setting,

1.6 General statement that the work contributes to the overall DClinPsy degree,

1.7 Word count,

1.8 Date of submission.

2. **Introduction** (a critical evaluation of relevant psychological theory and literature leading logically to the rationale and aims)

3. **Aims, hypotheses and/or research questions**

4. **Methods**

4.1 Study 1: Literature review

4.1.1. Literature review question

4.1.2. Search strategy (e.g., databases to search, key journals, contacting leading authors)

4.1.3. Search terms (including any combinations etc)

4.1.4. Screening procedures including inclusion and exclusion criteria

4.1.5. Planned evaluation criteria (i.e., how will you judge the strengths/limitations of the articles?)

4.2 Study 2: Empirical paper

4.2.1. Design (brief outline of how the design will address the aims and/or answer the hypotheses)

4.2.2. Sample/participants (inclusion and exclusion criteria, recruitment, sample size)

4.2.3. Power analyses and justification of sample size (if appropriate)

4.2.4. Method of data collection (list of measures used including psychometric properties, or interview method chosen and their rationale)

4.2.5. Procedure (stages involved in carrying out the design)

4.2.6. Proposed data analysis strategy

4.2.7. Method of synthesis and/or data extraction approach

4.2.8. A credibility section (for qualitative studies only)

5. **User Consultation** (this includes consideration of the mechanisms for consulting with relevant users/carers)

6. **Ethical approval and considerations** (specify from whom ethical approval will be sought).

Trainees should identify any ethical considerations and how they plan to manage these.

Possible ethical considerations include: informed consent, confidentiality, freedom from coercion or deception, debriefing, use of research results, participation of vulnerable groups, personally or socially sensitive topics. This should be supplemented with a research risk matrix. The example provided in the section Research Risk Matrix in this document is a programme-based major research risk matrix which should be adapted for your particular project.

7. **Timeline** (table of the tasks and proposed deadlines for completion of the tasks, which will be reviewed at the end of Year 2 to ensure it meets research needs)

8. **Feasibility** (of all aspects, particularly in relation to data collection, to indicate the project can be completed in the time available)

9. **Significance/contribution to knowledge** (original contribution to clinical psychology and clients and projected benefits of the work upon dissemination)

10. **Table of cost estimation for all research expenses** (e.g., travel/accommodation if out-of-locality, participant reimbursement, equipment, lab consumables, training etc - See Section 5.4. for details)

11. **Signatures** from supervisor(s) and field collaborator are essential. The assignment will be handed back, with penalty for late submission if this applies, if signatures are not provided.

12. **References**: These should be provided in APA format (7th ed.). Typically, about 20-40 references would be included, although the number may depend on the project.

13. **Appendices**: This section should include the training needs statement, (see Appendix 5 - Training Needs Statement), participant information sheet, consent form (if no consent form, please explain how participants' implicit informed consent will be obtained) , all experimental forms/questionnaires/scales, and interview schedules that participants will be asked to complete, and a dissemination statement for both the Literature Review and the Empirical Paper (including title of journal(s) for publication)

How Best to Get Support for Writing the Thesis Proposal

Feedback on the thesis proposal can be sought from research supervisors prior to final submission of the work. Trainees are strongly encouraged to seek clear direction from their research supervisors who are allowed to comment on the draft proposal at least once and more as agreed with them. They may comment on the overall balance and content of the work and, for instance, can highlight the omission of key references and studies in the background section or problems in the proposed methodology, analysis strategy and ethical issues relevant to the proposal. It will be up to the trainee to ensure that the draft is submitted to supervisors within a reasonable timeframe and is of a sufficiently high quality to ensure they receive maximum benefit from this feedback.

Procedures for the Assessment of the Thesis Proposal

Assessment of the thesis proposal is summative. The assessment will occur in a 'mini-viva'. The mini-viva is a meeting with the internal marker (generally a research tutor), the trainee, and a moderator (the Research Director, or another appropriate individual). The marker and moderator will have read the thesis

proposal. The marker will ask questions about the proposal. The moderator's role is to primarily oversee the process, although s/he may also ask some questions. After the mini-viva, the marker and moderator will decide a mark. The moderator will ensure that the marking procedure is consistent across markers. Trainees will receive written feedback about the mark, based on both the written work and their responses to the questions in the mini-viva. If trainees have questions about the process or the feedback, these should be directed to the research supervisors.

The Thesis Proposal is marked according to the Marking Guidelines for the Thesis Proposal (see module descriptor PSYD064 – Appendix 1) describing the criteria of a good Thesis Proposal. Trainees who have received minor amendments for their research proposal may be able to submit their ethics application before resubmitting/being awarded a Pass so long as their primary supervisor has sought permission from the marker and the moderator.

Note that the internal examiner for the major research proposal cannot be a supervisor on the research project but can be involved in other aspects of the research strand such as marking the QIP.

Major Research Project (MRP)/Thesis

The thesis involves a series of milestones and will be carried out between the middle of the first and the third year. The purpose of the thesis is to evaluate trainees' ability to carry out a relevant clinical research project. The goal of the thesis is to develop and then demonstrate that trainees are able to work as an independent researcher in the clinical domain, able to critically evaluate other research, and design and implement original research. The work will lead to important and distinct disseminated contributions to the clinical psychology knowledge base. The process is likely to involve:

1. The generation of a research question.
2. Selection or adoption of a suitable research design.
3. Negotiating permission, supervision, access and ethical approval.
4. Choosing and piloting appropriate research methods.
5. Determining the feasibility of the research.
6. Data collection.
7. Documentation of findings using one of the approved styles.
8. Disseminating the findings.

The Thesis must involve human participants, be based in the area of clinical psychology, broadly defined, and should make a valuable and original contribution to the knowledge base of clinical psychology. In exceptional cases, which require prior approval by the Research Director(s), secondary data analysis or meta-analyses may be acceptable projects, but only if the trainee can demonstrate: (1)

that he or she significantly contributed intellectually to the research question and approach; (2) that the proposed research is of importance and added value, answering a new research question and generating new knowledge and understanding, beyond the original analysis; (3) that it involves the trainee acquiring advanced methodological or statistical skills. The proposal will be judged on these criteria at the mini-viva. Systematic reviews are not sufficient for a stand-alone research project.

The following milestones are important:

1. Identifying a research area and finding a supervisor,
2. Signing a supervisory contract,
3. Preparing a research proposal and an initial literature review,
4. Defending the proposal during a 'mini-viva',
5. Conducting the research,
6. Writing the thesis (partial research portfolio comprising literature review and empirical paper),
7. Defending the completed research project and literature review at the viva voce exam,
8. Disseminating the results.

Literature review and Empirical Paper word count

Literature review: The maximum word count for the review is 6,000 words.

Empirical paper: The maximum word count is 8,000 words.

Please note that while looking at previous examples of assignments may be useful, be aware that these have been uploaded prior to some word count changes taking place. Additionally, the examples are often 'post amendments' where the word count has exceeded from the original submission.

Thesis Write-up

Please see the Research Module Description for the Intended Learning Outcomes associated with the Thesis and the Code of Good Practice: Boards of Examiners for Degrees by Research https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/pgrexaminations/ for the thesis criteria and examination process.

There are two components to the Thesis. The first is a literature review and the second is a report of the conduct of the empirical research in the format of a journal manuscript with expanded appendices. The thesis sent for examination by the external examiners must include: the literature review and the empirical paper. Although the thesis should be submitted within the format of specified journals, the requirements set in the research handbook and University Statement of Procedures:

Presentation of Theses/Dissertations for Degrees in the Faculty of Graduate Research https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/presentationoftheses/ should be adhered to (i.e., if the journal 'instructions for authors' gives guidance that conflicts with the programme or University statement of procedures for presentation, then trainees must adhere to programme/University regulations).

For information about the presentation of your thesis please visit section 5.8 of the TQA manual https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/presentationoftheses/#presentation

Literature Review

The maximum word count for the review is 6,000 words.

The following guidelines are requirements of the systematic review process:

- A second rater to review a minimum of 6 studies at the full text screening stage – making an independent yes/no decision as to whether the study should be included or excluded from the review based on PICOS criteria.
- A second rater to review the quality of a minimum of 3 studies that are included in the review (these 3 studies can be the same as ones reviewed by the second rater at the full text screening stage).
- If inter-rater reliability is poor the process must be reviewed and repeated.
- Inter-rater reliability should be calculated and reported in the final thesis.
- Including grey literature in the systematic review is a requirement for trainees who started the course in 2022 September and thereafter.
- Prospero registration is a requirement Registration on Prospero should be done at the time you commence your systematic literature review.
- Literature review search cutoff date – the final time for new publications to be included in the literature review will be 6 months before the submission deadline.

For the systematic review trainees are expected to follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. See also, *Preferred Reporting Items for Systematic Reviews and Meta-Analyses*: http://www.prisma-statement.org/ and the *ESRC project guidelines for writing literature reviews:* https://www.york.ac.uk/crd/guidance/. Trainees should also show consideration of the impact of predatory journals on the literature search.

The substantive review should be a **stand-alone** piece that is conducted in the format of a systematic/structured review (see ELE2 for examples). The Cochrane Collaboration (http://www.cochrane.org/index.htm), responsible for the preparation, maintenance and promotion of accessible scientific reviews into the effects of health care intervention, provide useful resources. There are helpful

"how to" accounts for writing a review in the APA Publication Manual (7th ed.), Bem (1995), Rosnow and Rosnow (1998) Sternberg (1993, 2000) and Locke et al. (2000). Examples of literature reviews can be found among the Cochrane Library reviews, selected articles in Clinical Psychology Review, and Clinical Psychology and Psychotherapy and Psychological Bulletin. See also examples of book chapter formats such as those in Kazdin's (1998) *Methodological issues and strategies in clinical research* and Barker et al.'s (2002) *Research methods in clinical and counselling psychology*.

There are published rating scales available to help evaluate the strength and limitations of the literature included in the review. For example, *Effective Public Health Practice Project (evaluation of evidence tools):* http://www.ephpp.ca/tools.html the *EPPI-Centre (University of London; evaluation of evidence tools):* http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=184 and the *Centre for Evidence Based Medicine (evaluation tools)*: http://www.cebm.net/category/ebm-resources/tools/

Trainees should cite the relevant guidelines/rating scales if these are used or adapted in the literature review.

The review should be no longer than 6,000 words (**not including Tables**). The trainee may very appropriately, but not necessarily, write the review with an eye to subsequent submission for publication.

The review should include:

1. A brief background to the topic area (including relevant theory)
2. A clear search/research question
3. A description of the search strategy (databases searched, keywords, timescales, search limitations)
4. A description of the inclusion/exclusion criteria
5. A flowchart indicating the search outcome at each stage of the process
6. A description of the way in which the themes in the literature are organised by the author for review and evaluation procedures
7. A Table to summarise the articles included in the review
8. A critical appraisal (strengths and limitations) of the research literature identified from the search including: conceptual and definitional problems, research methodologies, conclusions etc
9. A discussion summarising the main findings from the critical evaluation, linking to relevant theory, and identifying any gaps in existing knowledge,
10. Future directions for research
11. An Appendix including a copy of instructions for authors for the nominated journal

A systematic review is not a meta-analysis. The DClinPsy programme permits but does not require a meta-analysis.

What makes a Good Literature Review?

Marking criterion	Requirement
1. INTRODUCTION TO THE REVIEW	
Background	The introduction provides a clear and compelling rationale for the choice of topic (e.g., theoretical importance, professional relevance, relevance to trainee's professional development). Key concepts and terms are defined in an informed and useful way.
Review question	The review question is sensible, builds from existing literature, and addresses a gap or debate in the field, indicating that there is a good reason to conduct the review.
2. REVIEW METHOD	Search strategy is appropriate for the review question and topic. Strategy is comprehensive. There is an understandable and convincing rationale for inclusion and exclusion of material.
3. CRITICAL EVALUATION	
Structure	The review has a clear and coherent overall structure, with good linkage between the elements.
Coherent and systematic development	Arguments and ideas are developed extremely effectively. The review is written in a logical, sophisticated and sequential manner. The review has a logical ordering of arguments.
Focus	The review answers the question and keeps to the point. The review contains only material that is highly relevant to the title.

Use of sources	Within the scope of the review, the use of primary sources demonstrates an excellent/good understanding of how to select key material to support a strong argument. The review includes an appropriately wide selection of the most salient current material and the most important historical sources. The writer relies on high quality primary sources. Sources are cited appropriately and flawlessly. Secondary sources are not used
Grasp of theory	The review shows evidence of deep, thorough and extensive knowledge and understanding of relevant theory.
Grasp of methodology	The review shows evidence of deep, thorough and extensive knowledge and understanding of relevant methodology
Constructive critical analysis	The review critically evaluates theories, ideas, evidence and methodology in a focused, rigorous, creative and balanced way to develop the arguments effectively, constructively and with insight. The material is well-integrated. The review uses the critical analysis constructively (e.g., to build theory and recommend further research).
Application to Thesis topic	The review applies itself to the proposed research topic in a seamless, constructive fashion that demonstrates a high degree of understanding and research potential.
Awareness of professional issues	The review integrates professional issues in the context of the title and the main arguments in a coherent, thoughtful and constructive way.
Evidence of original thought	The review's overall thesis builds on existing theory, evidence and ideas to provide an insightful and original synthesis, viewpoint or analysis.
4. CONCLUSION	
Summary of the argument	The review's summary follows clearly and succinctly from the information and ideas presented in the review to provide a compelling rationale for the Thesis.
Implications	The review draws out the implications of the ideas in the main body of the work for the Thesis in a way that is extremely helpful in informing theory, research questions and/or methodology. The recommendations are firmly grounded in the review and are presented in a highly accessible way.

5. PRESENTATION	Must be consistent with the nominated journal (except where compliant with programme and University regulations)
Adheres to appropriate journal guidelines	The review adheres fully to the appropriate guidelines with regard to style and content
Spelling	Spelling is correct throughout
Writing style	The review is written in a professional, disciplined, clear fluent and consistent style. The writing style always makes intended meanings clear. Whenever possible, a professional writing style is achieved in a vivid, imaginative and interesting way. The review has connections between sentences, paragraphs and sections that ensure clarity and readability.
Presentation of References	All work cited is referenced accurately and in the appropriate style.

Empirical Paper

The Empirical Paper must be prepared in the format of manuscript for a targeted journal (see caveat regarding programme and University regulations above). This refers to aims and scope, manuscript presentation (which includes tables and figures) but not referencing style as this needs to be in APA (7th ed.) format. Please check with supervisors that the nominated journal is appropriate, both for content and length. Some journals stipulate a lower word count than that recommended by the programme for this piece of work, in this case trainees should write in the journal style but using the full word length (8,000 words) in particular to develop theory for the thesis submission (and then submit to the journal using a shorter version, once your thesis has been passed). Once a journal has been chosen, the notes to contributors sheet that usually appears on the front or back page of the journal or on the journal's website should be followed. Additional detailed guidelines for writing an empirical paper can be found in the APA Publication Manual (7th ed.) and Sternberg's two books on this topic (1993 and especially 2000), we also recommend Gustavii, B. (2003). *How to write and illustrate a scientific paper*. Cambridge University Press, and Matthews, J. R. & Matthews, W. (2008). *Successful scientific writing: A step-by-step guide for the biological and medical sciences*. Cambridge University Press.

At minimum the empirical paper should include the following

1. Title page: containing title; names of trainee, supervisor(s) and field collaborator; title of nominated journal and statement indicating that the manuscript has been submitted in partial fulfilment of a Doctoral degree in Clinical Psychology; and word count,
2. Abstract: written in the style and format of the intended journal
3. Manuscript: written in the style and format of the intended journal,
4. Appendices: Should include the following, but not necessarily in this order.
    - *Ethics documentation*: This should include letter(s) of approval, information sheets, consent forms etc.
    - *Questionnaires and interview format*: Copies of all questionnaires used in the research and interview questions should be included but recognise copyright for measures not in the public domain.
    - *Dissemination statement*: Statement of the intended dissemination including any evidence of dissemination (e.g., conference presentation).
    - *Copy of Instructions for Authors:* From intended journal

To help trainees structure the Thesis, we strongly recommend that trainees access Theses that have been submitted in recent years. Research supervisors and research tutors can advise on appropriate projects to access and copies are held in the School of Psychology.

The maximum word count is 8,000 words (**including Tables**) for the manuscript. Please note that appendices are included in the marking criteria for the Thesis and hence it is critical that this section supplements the manuscript appropriately and that its structure is logical to ensure it is easy to follow (see above for suggested content). Appendices should be used sparingly: trainees should not include extended sections of text that overflows from the introduction and discussion.

Please note that trainees are required to write up their Thesis as a paper for a targeted journal, and we hope that many are eventually submitted for publication. Trainees are encouraged to discuss the appropriateness of publication with their supervisor and, if required, research tutors. Where it is appropriate to pursue publication, the expectation is that the Thesis write-up would constitute a sound first draft.

What Makes a Good Empirical Paper?

Marking criterion	Requirement
Contribution to knowledge in clinical psychology	The work makes an original and excellent/very good actual or potential contribution to knowledge and understanding in clinical psychology
Relevance to clinical psychology practice	The work has excellent/very good relevance to the practice of clinical psychology

Quality of the literature review and research questions, aims and/or hypotheses	The literature review provides an excellent background to theory and research in the area, setting up the research questions/hypotheses in a compelling way. The review's overall thesis builds on relevant and up to date theory, evidence and ideas to provide an insightful, critical and original synthesis, viewpoint or analysis. Key concepts and terms are defined in an informed and useful way. There is an understandable and convincing rationale for inclusion and exclusion of material. As appropriate, the writer's epistemological stance, theoretical orientation and implicit assumptions are explicitly identified and the work set in this context. The research question(s) / hypotheses are formulated optimally.
Methodological adequacy	The methods are extremely appropriate to the question set out for study. The description of the research methodology suggests the research question (s) / hypotheses can be answered fully and appropriately by the proposed study. It is possible to make a balanced judgment about the adequacy of the research method from a reading of the methods. As appropriate, replication of the methodology would be readily possible without further reference to other work. The write-up shows evidence of deep, thorough and extensive knowledge of relevant methodology.
Quality of the analyses	The rationale for and actual analyses are described fully and well. The write up enables a knowledgeable reader to understand in detail why the data was analyzed/described as it was and exactly what was found. The analyses are highly appropriate, fully described and explicitly related to the research question in a focused and helpful way. The analyses are presented in the appropriate format, suggesting thorough and extensive knowledge of the analytic strategy.
Quality of the conclusions	The conclusions are based seamlessly in the data and analyses presented. Interpretation of findings is extremely well grounded in the data and is very balanced and thoughtful. Conclusions are linked flawlessly to the discipline's existing body of knowledge. Limitations of the research are correctly identified and discussed in a way that tempers the conclusions and makes links to other research.

Quality of the recommendations for theory, research and policy/practice	The work draws out the implications of the research in a way that is extremely helpful in informing theory, further research and/or practice. Any recommendations are firmly grounded in the findings and are presented in a highly accessible way. The work spells out an original and compelling contribution to theory, research and practice.
Quality of the writing and presentation (clarity, coherence and organization)	The research paper is extremely well written, and develops arguments, ideas and evidence very effectively. The work is written in a logical, sophisticated and sequential manner. The work has a logical ordering of arguments. The writing accurately reflects the work. There is a highly effective use of graphs, tables, figures and examples.
Economy of exposition	The work is presented with an optimal balance of being succinct without any loss of important detail.
Appropriateness of research dissemination	The choice(s) of ways of disseminating the research suggest the appropriate audiences will be targeted and the form of dissemination ensures the highest likelihood of the work having a significant impact
Adheres to appropriate journal guidelines	The work adheres fully to the appropriate guidelines with regard to style and content (including tables and figures).
Professional and ethical conduct in research	The work shows evidence of excellent / very good attention to all relevant professional and ethical issues. The work is sensitive to and respectful of participants and stakeholders in the research.

Ethical Approval and Research Governance

All research projects involving NHS clients, staff premises or resources must have trust approval from the appropriate NHS R&D Department as well as ethical approval from an NHS Research Ethics committee before it can begin. General helpful resources and information around ethical issues can be found on the homepage of the Integrated Research Application System (IRAS) https://www.myresearchproject.org.uk/Signin.aspx and ELE2. In addition, ***your local NHS R&D Department should be your first point of contact as they can offer advice on research governance and ethical approval procedures for their area.***

Information about the HRA Research Ethics Service and submissions is available here: https://www.hra.nhs.uk/about-us/committees-and-services/res-and-recs/. In addition, R&D management permission is required at each site before research can begin. Applications for R&D management permission can be made alongside the application for ethics approval. Obtaining ethical approval from an NHS/HRA REC can be lengthy, require amendments and, in most cases, a meeting with the committee. Trainees must take the initiative to approach the relevant Research Ethics Committee and the host R&D, and obtain applications to meet submission deadlines. ***Please plan for at least 3 months, and potentially 5 months, to obtain ethics approval.***

The university's Research Ethics and Governance should be alerted at an early stage to any NHS/HRA applications that you are preparing, and will be able to assist you in completing a successful application.

In preparing any ethical application please see the BPS Code of Human Research Ethics: https://www.bps.org.uk/guideline/bps-code-human-research-ethics. Some specific guidelines have been developed for conducting research on the internet: https://www.bps.org.uk/news-and-policy/ethics-guidelines-internet-mediated-research.

Once the project has been approved by the NHS/HRA REC, trainees need to submit an application to the Psychology Ethics Committee via Worktribe with relevant documentation attached (i.e., copies of the research proposal and letter from the REC stating that the research has been approved). The Psychology Ethics Committee will issue de facto approval for projects approved by RECs, so trainees should wait until they have REC approval from the HRA before submitting an application to the Psychology Ethics Committee. If the research involves a population outside of the NHS's remit, then trainees will need to request ethical approval from the Psychology Ethics Committee. Information about the ethics process is available on ELE2.

Please note: All submissions to the University of Exeter Ethics Committee must have "DClinPsyPGR" at the beginning of the project title.

Research risk matrix

Identified Risk	*Management of risk*	*Level of risk, in light of management*

Maintaining confidentiality and anonymity	- Use of participant codes where possible, not names - Storage of names and codes separate from data - Use of pseudonyms in any write-up - Use of password protected computers - Safe storage of data, in lockable cabinets where possible	low
Breaking confidentiality (e.g., due to risk of self-harm or injury)	- Identified in research proposals where appropriate. - Any arising would be discussed with research supervisor and field collaborator	Low-medium
Participant and researcher safety, when seeing people in their own homes	- Trainees, who are employees of the NHS, apply NHS lone worker policy - Issues discussed with research supervisors and field collaborators.	low
Loss of data	- Researcher to ensure two copies of data; one raw and one for computer entry or transcription. - Researcher and supervisor identify means for safe storage of data.	low

Emotional distress in the course of research	- Management plan identified in research proposal and judged by (a) independent scientific review panel and (b) ethics committee (either NHS or University as appropriate)	low
Suitability and general management of research project	- All trainees supported by research supervisor and in many cases, field collaborators. - Thesis proposal is evaluated for scientific quality and feasibility. Any potential problems or risks identified need to be addressed before project is passed. - Trainees have access to research consultancy to obtain independent feedback should they raise concerns in this area.	low
Feasibility of project	- Considered by trainee, supervisor and field collaborator (where appropriate) in development of project. - Evaluated in the assessment process through independent scientific review	Low - medium
Sufficient resources to conduct research	- Material resources identified as part of	Low-medium

	research proposal and evaluated for feasibility. - Appropriate consideration has been given to the number of participants required for projects (e.g., power calculation, saturation). - Research time allocated in the DClinPsy programme.	
Health and Safety	- As NHS employees all trainees receive instruction about health and safety procedures - Incidents managed by either University of NHS health and safety procedures, as appropriate.	low

Thesis Submission

Please visit the following link that contains information regarding the submission of your thesis:
https://www.exeter.ac.uk/students/administration/examsandassessment/pgr/submissionofthesisdissertation/

Process for Major Research Project (MRP)/Thesis Extension

Students wishing to apply for an extension to their thesis deadline may do so by completing the Thesis Extension Form. The form can be requested from your PGR Support Team Dclin-Exeter-PGRsupport@exeter.ac.uk. The form should be signed by the student's lead supervisor, and then it should be emailed to Dclin-Exeter-PGRsupport@exeter.ac.uk so it can be forwarded on to the Faculty Pro-Vice-Chancellor and Executive Dean for consideration. Together with the form students

should provide an outline of work completed against each chapter heading, and a work-plan and schedule. Approval should not be given without the form and these documents being provided to the Faculty Pro-Vice-Chancellor and Executive Dean's satisfaction.

Open Access for Postgraduate Researchers

Please visit the following link:
https://www.exeter.ac.uk/students/administration/examsandassessment/pgr/e-theses/pgr/

Research Assignment Word Counts

Below is a summary of explicit word counts for each section in accordance with the TQA. Please note the presentation requirements are different between the pre-thesis assignments (research proposal and QIP) and the literature review and empirical paper should be prepared in line with the guidelines of the TQA:
https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/presentationoftheses/

Open Research Exeter

Proper research data management is integral to good research practice. It ensures that the data generated in the process of conducting research are stored securely, will be reusable in the future, and can be shared easily amongst collaborators. Trainees should refer to University of Exeter guidelines when designing their project to plan how data is going to be managed:
https://www.exeter.ac.uk/students/administration/examsandassessment/pgr/e-theses/pgr/

EXAMPLE CONTENTS FOR DATA MANAGEMENT PLAN

A Data Management Plan could include the following information, file structure and documentation (with examples of file labels) procedures

- Data formatting and version control procedures
- Data back-up procedures
- Data storage/access procedures

List the data to be stored	How the data will be accessed (open archive, dark archive, meta-data record)?	Where the original data will be stored (ORE open, ORE metadata record, NHS, research server, paper in locked cabinet)?	How long will the data be stored?
Raw data from cognitive assessments	Meta-data record	research server	10 years after last 3rd party access
Date of birth of participants	Meta-data record	research server	10 years after last 3rd party access
Date of assessments	Meta-data record	research server	10 years after last 3rd party access
Sex of participants	Meta-data record	research server	10 years after last 3rd party access
Patient vs. Control status of participants	Meta-data record	research server	10 years after last 3rd party access
Name of participants	Meta-data record	Paper in locked cabinet; research server if consent to volunteer panel	Panel membership consent will be reviewed every 5-years. If not on the panel, data will be destroyed upon completion of the study.

Contact details of participants	Meta-data record	Paper in locked cabinet research server if consent to volunteer panel	Panel membership consent will be reviewed every 5-years. If not on the panel, data will be destroyed upon completion of the study.

Some additional resources:

1. Principles of EPSRC research data policy framework – UKRI https://www.ukri.org/who-we-are/epsrc/our-policies-and-standards/policy-framework-on-research-data/principles/
2. University of Exeter Open Access Research and Research Data Management Policy https://ore.exeter.ac.uk/repository/handle/10036/4280
3. University of Exeter Open Access and Research Data Management Policy for PGR Students https://ore.exeter.ac.uk/repository/handle/10036/4279
4. Sherpa Fact https://v2.sherpa.ac.uk/fact/about.html
5. Finch Report https://www.researchinfonet.org/finch/
6. University of Exeter Research Data Management pages https://www.exeter.ac.uk/research/researchdatamanagement/ http://as.exeter.ac.uk/library/resources/rdm/

Appendices (Research Documents)

1. Research Module Descriptors
2. Research Assessment Summary Table
3. Research Contract
4. Publication Contract
5. Training Needs Statement
6. Research Competency Log
7. QIP Marking Guidelines
8. QIP Open Access Consent
9. QIP Feedback Form
10. Marking Guidelines for the Thesis Proposal
11. Thesis Proposal Feedback Form

Appendix 1 Research Module Descriptors

MODULE TITLE	RESEARCH SKILLS IN CLINICAL PSYCHOLOGY : Year 1				**CREDIT VALUE**	70
MODULE CODE	PSYD064		**MODULE CONVENOR**		**Research Director**	
DURATION	**TERM**	**1**	**2**	**3**	**Number Students Taking Module (anticipated)**	**20-30 per cohort**
	WEEKS	12	12	12		

DESCRIPTION – summary of the module content (100 words)

This module comprises one of the three necessary modules for the Research component of the professional Doctorate in Clinical Psychology (DClinPsy). Alongside the Academic and clinical modules, these modules form the basis for the academic, clinical and research knowledge, skills values and competences required to practise as clinical psychologists and to meet the requirements for the award of DClinPsy and to be eligible for registration with the HCPC. The regulations that apply to these PGR Programme modules can be found here http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf .

The research module has

As indicated in the Programme Specification, in combination, the three modules aim to develop trainees':

1. Competence to work within professional and regulatory codes of practice and research (GMC, PA, PF, PI, CT, OSIL)
2. Ability to work ethically, respectfully, and collaboratively with client, participants and other professionals (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL)
3. Readiness to approach their work with critical reflection and self-awareness, including identifying own strengths and learning needs (GMC, PA, PF, PI, E, R, PPSV)
4. Access to and awareness of up-to-date knowledge about the biological, psychological and social factors that are associated with psychological well-being, distress and disorder in individuals, families, groups and communities across the life cycle (GMC)

5. Integration of psychological theory, evidence, and experience (GMC, PA, PF, PI, CT, R, E, PPSV)
6. Ability to identify resources that will further their learning for their individual professional development needs and to fit with the requirements of their future professional contexts (PPSV, CT, E, OSIL, R)
7. Ability to take a constructively critical and reflective approach to their own and others' work (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL) to facilitate their communicating effectively both verbally and in writing for lay, professional, and academic audiences; to nurture their own particular academic strengths and clinical observations.

This research module provides the research skills development for the the DClinPsy. It focuses on re-introducing trainees to research methods and exploring their application within the field of clinical psychology. Trainees learn how to design research and are taught practical skills in data management and analysis, in both qualitative and quantitative methods. They are also provided with introductory skills and training on quality improvement research.

The module is mapped against the British Psychological Society standards – the nine core competence areas - for the accreditation of doctoral programmes in Clinical Psychology (January 2019). Below is a set of narrative summaries that describe these nine competence areas which incorporate over 100 specific skills. Detailed description of the competencies can be found here

- Generalisable meta-competencies = GMC

The generalisable meta-competencies are applicable in different contexts with different people at different life stages, drawing on any relevant areas of psychological knowledge, guidelines, and frameworks. These skills include the ability to critically synthesise evidence and apply it in ways that fit the context which may be complex or novel and draw on a variety of models of practice. Furthermore, to be able to exercise these approaches in an autonomous way, collaborating and communicating effectively, where appropriate with service users and others in a reflective and ethical manner.

- Psychological assessment (PA)

The ability to choose, use and interpret a broad range of methods of assessment encompassing individual, group, social context and organisational and approaches, with a good understanding of psychometric principles and practice, including the assessment of risk.

- Psychological formulation = PF

On the basis of assessment being able to co-produce and lead on formulations addressing individual, systemic, cultural and biological factors which may be related to but are not premised on formal diagnostic frameworks and that are aimed at helping the client, team or organisation better understand their experience. Ability to choose the most

appropriate format and complexity of the formulation to match the issues concerned and to guide interventions in a manner consistent with equality diversity and inclusion.

- Psychological intervention = PI

On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner. Ability to use evidence-based psychotherapeutic models and other approaches for interventions that address the complexity of the presentation and context, including prevention and promotion of wellbeing, that promotes recovery that is informed by service users' values and goals. Ability to take into account psychopharmacological and other multidisciplinary methods. Are mindful of social constructivist, community and critical psychology approaches to intervention. Be aware of and able to communicate when intervention is not helpful or appropriate.

- Evaluation = E

Evaluating practice through the monitoring of processes and outcomes, across multiple dimensions of functioning; devising innovative approaches to evaluation, with wide knowledge and critical appreciation of the main evaluation methods in use across the health and welfare system and effective use of supervision to evaluate own work.

- Research = R

Being a critical and effective producer, consumer, interpreter, and disseminator of the research evidence base relevant to clinical psychology practice and that of psychological services and interventions more widely. Utilising such research to influence and inform the practice of self and others.

- Personal and professional skills and values = PPSV

Ability to, in a reflective and reflexive manner, recognise ethical issues, be able to reason about them and take action to address them in various contexts including complex clinical and self-care contexts; ensuring that informed consent underpins all contact with clients and research participants.

- Communicating and teaching = CT

The ability to communicate effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences, as necessary. Using these skills in teaching, supervision, expert opinion, with interpreters and supporting other's learning.

- Organisational and systemic influence and leadership = OSIL

Awareness of the legislative and national planning contexts for service delivery and clinical practice and the capacity to adapt practice in light of this. Ability to practice and in a variety of contexts and understand how these contexts function from an organisational perspective. Knowldege of and ability to supervise; provide consultancy and leadership, in collaborating with others, including service users and other experts by experience. Be able to promote psychological mindedness in services, alongside the implementation of quality improvement systems. Being able to recognise malpractice or unethical practice in systems and organisations and knowing how to respond to this, and being familiar with 'whistleblowing' policies and issues.

MODULE AIMS – intentions of the module

The year 1 research skills module aims to develop trainees':

1. Ability to formulate, design, carry out, critically evaluate, and disseminate the results of research that is relevant to the concerns of clients, service users, providers and commissioners of health services, including the broader public (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL)
2. Awareness of important stakeholders in clinical psychology research and promote the collaborative involvement of these stakeholders in the research process (e.g., providers, purchasers and service users, research councils, professional training organisations, interested clinical psychology colleagues) (GMC, PA, PF, PI, E, R, CT, PPSV)
3. Adoption of clinical research as part of their professional work in their training and their post-qualification careers (GMC, PA, PF, PI, E,R, PPSV, CT, OSIL)

INTENDED LEARNING OUTCOMES (ILOs) (see assessment section below for how ILOs will be assessed)

On successful completion of this module **you should be able to**:

	Module Specific Skills and Knowledge:
1	Access and critically evaluate complex research relevant to your professional work (GMC, PA, PF, PI, E, R, PPSV, OSIL)
2	Apply research to solve complex problems in clinical psychology (GMC, PA, PF, PI, E, R, PPSV, OSIL)
	Discipline Specific Skills and Knowledge:
3	Understand the MRC Complex Intervention Framework, and psychological research designs and methodologies (GMC, PF, PI, E, R, OSIL)

4	Understand the broad principles of good research practice as specified in the Department of Health's Research Governance framework, including the importance of multiple forms of validity in quantitative and credibility in qualitative research, and the ability to critique these approaches, and understand the scope of application of knowledge based on method of evidence production (GMC, PA, E, R, OSIL)
5	Design, conduct, and disseminate (via a written thesis, oral presentation, and oral examination) a major piece of research that: is original; forms a distinct contribution of knowledge of the subject; demonstrates your ability to relate the subject matter of the thesis to the existing body of knowledge within the field; and is of a satisfactory level of literary presentation (GMC, PA, PF, E, R, PPSV, CT, OSIL)
6	Understand the principles of systematic literature review in searching for, evaluating and synthesizing evidence and be able to conduct such reviews, and identify appropriate implications based on the quality and nature of the acquisition of the underpinning evidence. (GMC, PI, E, R, CT)
7	Be able to plan and conduct research relevant to the planning, audit, evaluation and quality improvement of clinical services (GMC, E, R, CT, OSIL)
8	Understanding how to involve service users and other stakeholders (e.g. supervisors, commissioners, other disciplines, collaborators) throughout the research process in a respectful manner, and how to ensure relevance of research outcomes to practice (GMC, R, PPSV, CT, OSIL).
9	Appreciate the ethical standards underpinning clinical psychology research informed by the Research Governance Framework and BPS Ethical Code of Conduct, Division of Clinical Psychology, HCPC, HEE and the University, and be familiar with the HRA and IRAS ethical application processes. (GMC, R, PPSV, CT, OSIL)
10	Understand the context of mental health research, specifically in clinical psychology and routes to funding and continuation of research post training (GMC, R, E, OSIL, CT).
11	Be reflective and reflexive in the conduct and evaluation of research, specifically to consider the impact of inclusion, equality and diversity on the design, implications and potential limited applications of research/evidence (GMC, R, E, OSIL)
Personal and Key Transferable/ Employment Skills and Knowledge:	
12	Show innovation, independence and confidence in undertaking research relevant to professional practice (GMC, E, R, PPSV)
13	Collaborate effectively with all stakeholders (e.g., clients, service users, ethical bodies, providers and commissioners of services) throughout the research process (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL)

14	Show a capacity to act in accordance with the Research Governance framework (GMC, PA, E, R, PPSV, OSIL)

SYLLABUS PLAN – summary of the structure and academic content of the module

A number of learning methods will be used including: Lectures, small group work, tutorials, individual presentations, problem-based learning, guided learning, computer-based workshops, research methods workshops, asynchronous and online research consultation meetings, research supervision. While participants will be taught by active researchers/research tutors, they will also learn from each other's experiences. Assignments and assessments are designed to develop trainees' research knowledge, research competence and ability to consume and conduct clinical research to the required standard.

Core research teaching commences in year 1. This includes orientation to the clinical psychology research context, core teaching around quantitative and qualitative research design, an introduction to quality improvement research, and an introduction to ethics and systematic literature reviews. This first year provides a foundation to ensure that trainees gain understanding of how professional ethics is relevant throughout the research process – such as the careful consideration of the experience of participants, and respectful consideration of how data is treated and used, and importance of rigor of analysis (whether quantitative or qualitative). We consider in detail the principles of equality, inclusion and diversity, and the limitations (cultural, for example, as well as methodological), in the application of findings. Finally, we develop the confidence in trainees to become autonomous in their research decisions, to learn how to work independently and collaboratively with others on their research projects.

Teaching sessions:

The content of each teaching session is available to trainees on ELE (PSYD044). There are currently 21 teaching sessions: 20 University based and one locality-based study pack.

In addition, there is a one day conference in January of each year for all 3 years on one day, where year 3 present their main research and year 2 produce poster presentations of their quality improvement projects. This helps to induct year 1 into the research culture.

LEARNING AND TEACHING					
LEARNING ACTIVITIES AND TEACHING METHODS (given in hours of study time)					
Scheduled Learning & Teaching activities	800	Guided independent study	550	Placement/study abroad	

DETAILS OF LEARNING ACTIVITIES AND TEACHING METHODS		
Category	Hours of study time	Description
Scheduled Learning and Teaching activities	800	Lectures and practical classes
Guided independent study	550	Reading and web based activity. Preparation for presentations. Research activities.

ASSESSMENT					
FORMATIVE ASSESSMENT - for feedback and development purposes; does not count towards module grade					
Form of Assessment		Size of the assessment e.g. duration/length		ILOs assessed	Feedback method
Thesis Proposal Presentation (peer review, year 1)		15 minutes presentation and 10 discussion		1, 2, 3, 4, 5, 8, 10	Discussion
Quality Improvement Project proposal presentation		Poster presentation		1,2,3,4,5,8,10	Discussion
SUMMATIVE ASSESSMENT (% of credit)					
Coursework	100%	Written exams		Practical exams	

DETAILS OF SUMMATIVE ASSESSMENT				
Form of Assessment	% of credit	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method

Thesis Proposal (Part A) and Mini Viva (Part B)		5000 words	1, 2, 3, 4, 5, 6, 7, 8, 10	Written (90%) and Summative (10%, must be considered as satisfactory Viva performance, minimum 5/10)

DETAILS OF RE-ASSESSMENT (where required by referral or deferral)

Original form of assessment	Form of re-assessment	ILOs re-assessed	Time scale for re-assessment
Thesis Proposal	5000 words	1, 2, 3, 4, 5, 6, 7, 10	4 weeks

RE-ASSESSMENT NOTES

Trainees are required to pass all categories of work subject to summative assessment, so a Fail on any summative assignment will normally result in a recommendation of Programme Failure by the Board of Examiners*.

Also, if a trainee has received ANY TWO of the following, then a recommendation for Programme Failure will normally be made:

- A Clinical Referral
- An Academic or Research assessment receiving a Major Amendment category iii mark.
- A Thesis receiving a Resubmission for DClinPsy (Category D on the marking criteria)

*Please note, the Thesis is examined by an Internal and External Examiner, who together form the Board of Examiners for the Thesis component of the DClinPsy. If the Internal and External Examiners recommend 'no degree be awarded' (Category E on the marking criteria), then this will normally result in a recommendation of Programme Failure to the University.

If a trainee thinks that they have grounds for appeal against the recommendation of the Board of Examiners, then the trainee should follow the University Student Academic Appeals Procedures: http://www.exeter.ac.uk/staff/policies/calendar/part1/otherregs/appeals/.

These University appeal procedures would also apply in the case of a Programme Failure.

RESOURCES

INDICATIVE LEARNING RESOURCES - The following list is offered as an indication of the type & level of information that you are expected to consult. Further guidance will be provided by the Module Convener.

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Barker, C., Pistrang, N., & Elliott, R. (2016). *Research methods in clinical psychology: An introduction for students and practitioners* (3rd ed.). Chichester, UK: Wiley.

Barlow, D. H., Hayes, S. C., & Nelson, R. O. (1986). *The scientist-practitioner: Research and accountability in clinical and educational settings*. Oxford: Pergamon.

Bem, D. J. (1995). Writing a review article for Psychological Bulletin. *Psychological Bulletin*, *118*, 172-177.

*British Psychological Society. (2009). *Code of Ethics and Conduct*. Leicester, UK: Author. Available at: http://www.bps.org.uk/system/files/documents/code_of_ethics_and_conduct.pdf

*British Psychological Society. (2005). *Good practice guidelines for the conduct of psychological research in the NHS*. Leicester, UK: Author. Available at: http://www.psy.ed.ac.uk/psy_research/documents/BPS%20Guidelines%20for%20the%20Conduct%20of%20Research%20within%20the%20NHS.pdf

British Psychological Society. (2004). *Style guide*. Leicester, UK: Author. Available at: http://www.bps.org.uk/sites/default/files/images/bps_style_guide.pdf

*Bryman, A. (2012) *Social research methods* (4th ed.). Oxford: Oxford University Press.

Charmaz, K. (2006). *Constructing grounded theory*. London: Sage.

Clark-Carter, D. (2009). *Doing quantitative psychological research* (3rd ed.). Hove, UK: Psychology Press.

#Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). *Developing and evaluating complex interventions: New guidance*. London: Medical Research Council. Available at: www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/

*Denscombe, M. (2003). *The good research guide for small-scale social research projects* (2nd ed.). Philadelphia: Open University Press.

Field, A. (2018). *Discovering statistics using IBM SPSS* statistics (5th ed.). London: Sage.

Greig, A., & Taylor, J. (1999). *Doing research with children*. London: Sage.

*Hollway, W., & Jefferson, T. *Doing qualitative research differently: Free association, narrative and the interview method*. London: Sage

* Harper, D. and Thompson, A.R. (eds) (2012), *Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners*. Chichester, UK: Wiley.

*Howell, D.C. (2012). *Statistical methods for psychology*. (8th ed.). Boston, MA: Thompson Wadsworth.

Kazdin, A. E. (Ed.). (2003). *Methodological issues and strategies in clinical research*. (3rd ed.). Washington, DC: American Psychological Association.

Kazdin, A. E. (2016). *Research design in clinical psychology* (5th ed.). Boston, MA: Allyn and Bacon.

Kline, P. (1999). *The handbook of psychological testing* (2nd ed.). London: Routledge.

Locke, L. F., Spirduso, W. W., Silverman, S. J. (2000). *Proposals that work: A guide for planning dissertations and grant proposals* (4th ed.). London: Sage.

Maher, B. A. (1978). A reader's, writer's and reviewer's guide to assessing research reports in clinical psychology. *Journal of Consulting and Clinical Psychology, 46*, 835-838.

Miles, J., & Gilbert, P. (2005). *A handbook of research methods for clinical and health psychology*. Oxford: OUP.

Murphy, E., Dingwall, R., Greatbach, D., Parker, S., & Watson, P. (1998). Qualitative research methods in health technology assessment: a review of the literature. *Health Technology Assessment, 2*, 16.

Pearn, J. (1995). Publication: An ethical imperative. *British Medical Journal, 310*, 1313-1315.

Roberts, M. C., & Ilardi, S. (2005). *Handbook of research methods in clinical psychology*. Cambridge, MA: Blackwell.

Robson, C. (2002). *Real world research: A resource for social scientists and practitioner researchers* (2nd ed.). Oxford: Blackwell.

Rosnow, R. L., & Rosnow, M. (1998). *Writing papers in psychology.* (4th ed.). Pacific Grove, CA: Brooks Cole

Roth, A., & Fonagy, P. (1998). *What works for whom: A critical review of psychotherapy research*. New York: Guilford.

Silverman, D. (2005). *Doing qualitative research* (2nd ed.). London: Sage.

Silverman, D. (2004). *Qualitative research: Theory, method and practice* (2nd ed). London: Sage.

*Sternberg, R. J. (2003). *The psychologist's companion: A guide to scientific writing for students and researchers*. (4th ed.). Cambridge: Cambridge University Press.

Sternberg, R. J. (Ed.) (2000). *Guide to publishing in psychology journals*. Cambridge: Cambridge University Press.

*Tabachnick, B. G., and Fidell, L. S. (2012). *Using multivariate statistics* (6th ed.). New York: Harper and Row.

*Torgerson, C. (2003). *Systematic reviews.* London: Continuum.

Core text. * Highly recommended.

Exeter Learning Environment (ELE):

http://vle.exeter.ac.uk/

Web based and electronic resources:

British Psychological Society

Health and Care Professions Council

- *Standards of education and training guidance* (2009) http://www.hpc-uk.org/assets/documents/1000295FStandardsofeducationandtrainingguidance-fromSeptember2009.pdf

- *Standards of conduct, performance and ethics* (2009) http://www.hcpc-uk.org.uk/assets/documents/10003B6EStandardsofconduct,performanceandethics.pdf

- *Guidance on conduct and ethics for students* (2009) http://www.hpc-uk.org/assets/documents/10002D1BGuidanceonconductandethicsforstudents.pdf

- *Andy Field's Statistics Hell (statistics/SPSS podcasts):* http://www.statisticshell.com/html/limbo.html

- *British Psychological Society Code of Ethics and Conduct:* http://www.bps.org.uk/system/files/documents/code_of_ethics_and_conduct.pdf
- *Centre for Reviews and Dissemination (systematic review guidelines):* http://www.york.ac.uk/inst/crd/

- *Consort Statement (reporting guidelines for RCTs):* http://www.consort-statement.org/
- *Effective Public Health Practice Project (evaluation of evidence tools):* http://www.ephpp.ca/tools.html

- *EPPI-Centre (University of London; evaluation of evidence tools):* http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=184

- *ESRC project (guidelines for writing literature reviews):* http://www.york.ac.uk/inst/crd/projects/narrative_synthesis.htm

http://www.sphsu.mrc.ac.uk/research-programmes/ev/methop/narr.html

- *MRC Complex Interventions Framework:* www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/

- *Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA):* http://www.prisma-statement.org/

Ethics - https://vle.exeter.ac.uk/mod/folder/view.php?id=117831

Ethics templates WORKTRIBE links - https://vle.exeter.ac.uk/course/view.php?id=3553

Blank Worktribe ethics application File

A step-by-step guide for systematic review database searching - https://libguides.exeter.ac.uk/ovidsearching

Online booking system for systematic review searching workshops - https://exeter-uk.libcal.com/calendar/libraryevents?cid=8108&t=g&d=0000-00-00&cal=8108&inc=1

Exeter University new branding logos for all ethics documents (information form, consent form etc, ethics applications are being sent back if they have the old logo) - https://brand.exeter.ac.uk

NVIVO Software download (the university supply the full version to students for free: key code required) - https://www.exeter.ac.uk/departments/it/new/softwarecatalogue/nvivo/

Clinical Psychology Library Subject Guides (the page has a wealth of knowledge that can assist trainees in all areas of research) - https://libguides.exeter.ac.uk/c.php?g=691661&p=4955378

General study support for academic writing (could be helpful for first year trainees re-entering academia after a period of working in industry) - https://universityofexeteruk.sharepoint.com/sites/StudyZone/SitePages/Academic-skills-resources.aspx

CREDIT VALUE	70	**ECTS VALUE**	35
PRE-REQUISITE MODULES	None		
CO-REQUISITE MODULES	PSYD058 & PSYD061		
NQF LEVEL (FHEQ)	8	**AVAILABLE AS DISTANCE LEARNING**	YES / **NO**
ORIGIN DATE		**LAST REVISION DATE**	April 2022
KEY WORDS SEARCH	Research, Clinical Psychology		

MODULE TITLE	Year 2: RESEARCH SKILLS IN CLINICAL PSYCHOLOGY				**CREDIT VALUE**	90
MODULE CODE	PSYD065			**MODULE CONVENOR**	**Research Director**	
DURATION	**TERM**	**1**	**2**	**3**	**Number Students Taking Module (anticipated)**	**20-30 per cohort**
	WEEKS	12	12	12		

DESCRIPTION – summary of the module content (100 words)

This module comprises one of the three necessary modules for the Research component of the professional Doctorate in Clinical Psychology (DClinPsy). Alongside the Academic and clinical modules, these modules form the basis for the academic, clinical and research knowledge, skills values and competences required to practise as

clinical psychologists and to meet the requirements for the award of DClinPsy and to be eligible for registration with the HCPC. The regulations that apply to these PGR Programme modules can be found here http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf .

The research module has

As indicated in the Programme Specification, in combination, the three modules aim to develop trainees':

1. Competence to work within professional and regulatory codes of practice and research (GMC, PA, PF, PI, CT, OSIL)
2. Ability to work ethically, respectfully, and collaboratively with client, participants and other professionals (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL)
3. Readiness to approach their work with critical reflection and self-awareness, including identifying own strengths and learning needs (GMC, PA, PF, PI, E, R, PPSV)
4. Access to and awareness of up-to-date knowledge about the biological, psychological and social factors that are associated with psychological well-being, distress and disorder in individuals, families, groups and communities across the life cycle (GMC)
5. Integration of psychological theory, evidence, and experience (GMC, PA, PF, PI, CT, R, E, PPSV)
6. Ability to identify resources that will further their learning for their individual professional development needs and to fit with the requirements of their future professional contexts (PPSV, CT, E, OSIL, R)
7. Ability to take a constructively critical and reflective approach to their own and others' work (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL) to facilitate their communicating effectively both verbally and in writing for lay, professional, and academic audiences; to nurture their own particular academic strengths and clinical observations.

The Year 2 Research Development Module provides research development opportunities for clinical trainees within their DClinPsy Programme. It sees training and support to the completion of a Quality Improvement Study, in readiness for post-qualification studies. It provides presentation opportunities with a poster presentation at a conference in January, and includes optional teaching sessions for trainees to develop their research interests and specialisms. They are provided developmental skills on systematic reviewing, and ethics training and preparation.

The module is mapped against the British Psychological Society standards – the nine core competence areas - for the accreditation of doctoral programmes in Clinical Psychology (January 2019). Below is a set of narrative summaries that describe these

nine competence areas which incorporate over 100 specific skills. Detailed description of the competencies can be found here

- Generalisable meta-competencies = GMC

The generalisable meta-competencies are applicable in different contexts with different people at different life stages, drawing on any relevant areas of psychological knowledge, guidelines, and frameworks. These skills include the ability to critically synthesise evidence and apply it in ways that fit the context which may be complex or novel and draw on a variety of models of practice. Furthermore, to be able to exercise these approaches in an autonomous way, collaborating and communicating effectively, where appropriate with service users and others in a reflective and ethical manner.

- Psychological assessment (PA)

The ability to choose, use and interpret a broad range of methods of assessment encompassing individual, group, social context and organisational and approaches, with a good understanding of psychometric principles and practice, including the assessment of risk.

- Psychological formulation = PF

On the basis of assessment being able to co-produce and lead on formulations addressing individual, systemic, cultural and biological factors which may be related to but are not premised on formal diagnostic frameworks and that are aimed at helping the client, team or organisation better understand their experience. Ability to choose the most appropriate format and complexity of the formulation to match the issues concerned and to guide interventions in a manner consistent with equality diversity and inclusion.

- Psychological intervention = PI

On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner. Ability to use evidence-based psychotherapeutic models and other approaches for interventions that address the complexity of the presentation and context, including prevention and promotion of wellbeing, that promotes recovery that is informed by service users' values and goals. Ability to take into account psychopharmacological and other multidisciplinary methods. Are mindful of social constructivist, community and critical psychology approaches to intervention. Be aware of and able to communicate when intervention is not helpful or appropriate.

- Evaluation = E

Evaluating practice through the monitoring of processes and outcomes, across multiple dimensions of functioning; devising innovative approaches to evaluation, with wide knowledge and critical appreciation of the main evaluation methods in use across the health and welfare system and effective use of supervision to evaluate own work.

- Research = R

Being a critical and effective producer, consumer, interpreter, and disseminator of the research evidence base relevant to clinical psychology practice and that of psychological services and interventions more widely. Utilising such research to influence and inform the practice of self and others.

- Personal and professional skills and values = PPSV

Ability to, in a reflective and reflexive manner, recognise ethical issues, be able to reason about them and take action to address them in various contexts including complex clinical and self-care contexts; ensuring that informed consent underpins all contact with clients and research participants.

- Communicating and teaching = CT

The ability to communicate effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences, as necessary. Using these skills in teaching, supervision, expert opinion, with interpreters and supporting other's learning.

- Organisational and systemic influence and leadership = OSIL

Awareness of the legislative and national planning contexts for service delivery and clinical practice and the capacity to adapt practice in light of this. Ability to practice and in a variety of contexts and understand how these contexts function from an organisational perspective. Knowledge of and ability to supervise; provide consultancy and leadership, in collaborating with others, including service users and other experts by experience. Be able to promote psychological mindedness in services, alongside the implementation of quality improvement systems. Being able to recognise malpractice or unethical practice in systems and organisations and knowing how to respond to this, and being familiar with 'whistleblowing' policies and issues.

MODULE AIMS – intentions of the module

The research skills module aims to develop trainees':

	4. Ability to formulate, design, carry out, critically evaluate, and disseminate the results of research that is relevant to the concerns of clients, service users, providers and commissioners of health services, including the broader public (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL) 5. Awareness of important stakeholders in clinical psychology research and promote the collaborative involvement of these stakeholders in the research process (e.g., providers, purchasers and service users, research councils, professional training organisations, interested clinical psychology colleagues) (GMC, PA, PF, PI, E, R, CT, PPSV) 6. Adoption of clinical research as part of their professional work in their training and their post-qualification careers (GMC, PA, PF, PI, E,R, PPSV, CT, OSIL)
INTENDED LEARNING OUTCOMES (ILOs) (see assessment section below for how ILOs will be assessed) On successful completion of this module **you should be able to**:	
	Module Specific Skills and Knowledge:
1	Access and critically evaluate complex research relevant to your professional work (GMC, PA, PF, PI, E, R, PPSV, OSIL)
2	Apply research to solve complex problems in clinical psychology (GMC, PA, PF, PI, E, R, PPSV, OSIL)
	Discipline Specific Skills and Knowledge:
3	Understand the MRC Complex Intervention Framework, and psychological research designs and methodologies (GMC, PF, PI, E, R, OSIL)
4	Understand the broad principles of good research practice as specified in the Department of Health's Research Governance framework, including the importance of multiple forms of validity in quantitative and credibility in qualitative research, and the ability to critique these approaches, and understand the scope of application of knowledge based on method of evidence production (GMC, PA, E, R, OSIL)
5	Design, conduct, and disseminate (via a written thesis, oral presentation, and oral examination) a major piece of research that: is original; forms a distinct contribution of knowledge of the subject; demonstrates your ability to relate the subject matter of the thesis to the existing body of knowledge within the field; and is of a satisfactory level of literary presentation (GMC, PA, PF, E, R, PPSV, CT, OSIL)
6	Understand the principles of systematic literature review in searching for, evaluating and synthesizing evidence and be able to conduct such reviews, and identify appropriate implications based on the quality and nature of the acquisition of the underpinning evidence. (GMC, PI, E, R, CT)
7	Be able to plan and conduct research relevant to the planning, audit, evaluation and quality improvement of clinical services (GMC, E, R, CT, OSIL)
8	Understanding how to involve service users and other stakeholders (e.g. supervisors, commissioners, other disciplines, collaborators) throughout the research process in a respectful

	manner, and how to ensure relevance of research outcomes to practice (GMC, R, PPSV, CT, OSIL).
9	Appreciate the ethical standards underpinning clinical psychology research informed by the Research Governance Framework and BPS Ethical Code of Conduct, Division of Clinical Psychology, HCPC, HEE and the University, and be familiar with the HRA and IRAS ethical application processes. (GMC, R, PPSV, CT, OSIL)
10	Understand the context of mental health research, specifically in clinical psychology and routes to funding and continuation of research post training (GMC, R, E, OSIL, CT).
11	Be reflective and reflexive in the conduct and evaluation of research, specifically to consider the impact of inclusion, equality and diversity on the design, implications and potential limited applications of research/evidence (GMC, R, E, OSIL)
Personal and Key Transferable/ Employment Skills and Knowledge:	
12	Show innovation, independence and confidence in undertaking research relevant to professional practice (GMC, E, R, PPSV)
13	Collaborate effectively with all stakeholders (e.g., clients, service users, ethical bodies, providers and commissioners of services) throughout the research process (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL)
14	Show a capacity to act in accordance with the Research Governance framework (GMC, PA, E, R, PPSV, OSIL)

SYLLABUS PLAN – summary of the structure and academic content of the module

A number of learning methods will be used including: Lectures, small group work, tutorials, individual presentations, guided learning, computer-based workshops, research methods workshops, asynchronous and online research consultation meetings, research supervision. While participants will be taught by active researchers/research tutors, they will also learn from each other's experiences. Assignments and assessments are designed to develop trainees' research knowledge, research competence and ability to consume and conduct clinical research to the required standard.

Research development teaching content

By the second year we hope that trainees will be more set up for independent development of their research, including developing systematic review skills for the major thesis, and sessions for qualitative development of research knowledge supporting both the quality improvement project and the major research project that trainees complete. Trainees receive individual supervision around their projects, and have access to resources to support their research, following PGR guidelines

The content of each teaching session is available to trainees on ELE (PSYD044). An example list of how the module may be presented is offered below. There are currently 3 taught sessions and one full day research conference.

Assessment is by 100% coursework. All summative assessments as outlined above contribute to progression through the programme. See the Programme Chapter for guidance on programme progression and module completion.

LEARNING AND TEACHING

LEARNING ACTIVITIES AND TEACHING METHODS (given in hours of study time)

Scheduled Learning & Teaching activities	800	Guided independent study	550	Placement/study abroad	

DETAILS OF LEARNING ACTIVITIES AND TEACHING METHODS

Category	Hours of study time	Description
Scheduled Learning and Teaching activities	800	Lectures and practical classes
Guided independent study	550	Reading and web based activity. Preparation for presentations. Research activities.

ASSESSMENT

FORMATIVE ASSESSMENT - for feedback and development purposes; does not count towards module grade

Form of Assessment	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Quality Improvement Project Poster Conference presentation	Poster presentation	1, 2, 3, 4,5,7, 8,9, 11, 12, 14	Discussion

SUMMATIVE ASSESSMENT (% of credit)

Coursework	100%	Written exams		Practical exams	

DETAILS OF SUMMATIVE ASSESSMENT				
Form of Assessment	% of credit	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Quality Improvement Project	100	4000 words	1, 2, 3, 4, 5, 6, 7, 8, 9, 10	Written

DETAILS OF RE-ASSESSMENT (where required by referral or deferral)			
Original form of assessment	Form of re-assessment	ILOs re-assessed	Time scale for re-assessment
Quality Improvement Project	New Quality Improvement Study to be conducted - 4000 words	1, 2, 4, 5, 6, 7, 8, 9	6 months

RE-ASSESSMENT NOTES

Trainees are required to pass all categories of work subject to summative assessment, so a Fail on any summative assignment will normally result in a recommendation of Programme Failure by the Board of Examiners*.

Also, if a trainee has received ANY TWO of the following, then a recommendation for Programme Failure will normally be made:

- A Clinical Referral
- An Academic or Research assessment receiving a Major Amendment category iii mark.
- A Thesis receiving a Resubmission for DClinPsy (Category D on the marking criteria)

*Please note, the Thesis is examined by an Internal and External Examiner, who together form the Board of Examiners for the Thesis component of the DClinPsy. If the Internal and External Examiners recommend 'no degree be awarded' (Category E on the marking criteria), then this will normally result in a recommendation of Programme Failure to the University.

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*British Psychological Society. (2009). *Code of Ethics and Conduct*. Leicester, UK: Author. Available at: http://www.bps.org.uk/system/files/documents/code_of_ethics_and_conduct.pdf

*British Psychological Society. (2005). *Good practice guidelines for the conduct of psychological research in the NHS*. Leicester, UK: Author. Available at: http://www.psy.ed.ac.uk/psy_research/documents/BPS%20Guidelines%20for%20the%20Conduct%20of%20Research%20within%20the%20NHS.pdf

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#Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). *Developing and evaluating complex interventions: New guidance*. London: Medical Research Council. Available at: www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/

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Robson, C. (2002). *Real world research: A resource for social scientists and practitioner researchers* (2nd ed.). Oxford: Blackwell.

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*Torgerson, C. (2003). *Systematic reviews.* London: Continuum.

Core text. * Highly recommended.

Exeter Learning Environment (ELE):

http://vle.exeter.ac.uk/

Web based and electronic resources:

British Psychological Society

Health and Care Professions Council

- *Standards of education and training guidance* (2009) http://www.hpc-uk.org/assets/documents/1000295FStandardsofeducationandtrainingguidance-fromSeptember2009.pdf

- *Standards of conduct, performance and ethics* (2009)

http://www.hcpc-uk.org.uk/assets/documents/10003B6EStandardsofconduct,performanceandethics.pdf

- *Guidance on conduct and ethics for students* (2009) http://www.hpc-uk.org/assets/documents/10002D1BGuidanceonconductandethicsforstudents.pdf

- *Andy Field's Statistics Hell (statistics/SPSS podcasts):* http://www.statisticshell.com/html/limbo.html

- *British Psychological Society Code of Ethics and Conduct:* http://www.bps.org.uk/system/files/documents/code_of_ethics_and_conduct.pdf
- *Centre for Reviews and Dissemination (systematic review guidelines):* http://www.york.ac.uk/inst/crd/

- *Consort Statement (reporting guidelines for RCTs):* http://www.consort-statement.org/
- *Effective Public Health Practice Project (evaluation of evidence tools):* http://www.ephpp.ca/tools.html

- *EPPI-Centre (University of London; evaluation of evidence tools):* http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=184

- *ESRC project (guidelines for writing literature reviews):* http://www.york.ac.uk/inst/crd/projects/narrative_synthesis.htm

http://www.sphsu.mrc.ac.uk/research-programmes/ev/methop/narr.html

- *MRC Complex Interventions Framework:* www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/

- *Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA):* http://www.prisma-statement.org/

CREDIT VALUE	90	**ECTS VALUE**	45
PRE-REQUISITE MODULES	None		
CO-REQUISITE MODULES	PSYD059 & PSYD062		
NQF LEVEL (FHEQ)	8	**AVAILABLE AS DISTANCE LEARNING**	YES / **NO**
ORIGIN DATE		**LAST REVISION DATE**	November 2022
KEY WORDS SEARCH	Research, Clinical Psychology, Quality Improvement		

MODULE TITLE		**CREDIT VALUE**	110

	Research Skills in Clinical Psychology					
MODULE CODE	PSYD066		**MODULE CONVENOR**		**Research Director**	
DURATION	**TERM**	**1**	**2**	**3**	**Number Students Taking Module (anticipated)**	**20-30 per cohort**
	WEEKS	12	12	12		

DESCRIPTION – summary of the module content (100 words)

This module comprises one of the three necessary modules for the Research component of the professional Doctorate in Clinical Psychology (DClinPsy). Alongside the Academic and clinical modules, these modules form the basis for the academic, clinical and research knowledge, skills values and competences required to practise as clinical psychologists and to meet the requirements for the award of DClinPsy and to be eligible for registration with the HCPC. The regulations that apply to these PGR Programme modules can be found here http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf .

The research module has

As indicated in the Programme Specification, in combination, the three modules aim to develop trainees':

1. Competence to work within professional and regulatory codes of practice and research (GMC, PA, PF, PI, CT, OSIL)
2. Ability to work ethically, respectfully, and collaboratively with client, participants and other professionals (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL)
3. Readiness to approach their work with critical reflection and self-awareness, including identifying own strengths and learning needs (GMC, PA, PF, PI, E, R, PPSV)
4. Access to and awareness of up-to-date knowledge about the biological, psychological and social factors that are associated with psychological well-being, distress and disorder in individuals, families, groups and communities across the life cycle (GMC)
5. Integration of psychological theory, evidence, and experience (GMC, PA, PF, PI, CT, R, E, PPSV)
6. Ability to identify resources that will further their learning for their individual professional development needs and to fit with the requirements of their future professional contexts (PPSV, CT, E, OSIL, R)

7. Ability to take a constructively critical and reflective approach to their own and others' work (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL) to facilitate their communicating effectively both verbally and in writing for lay, professional, and academic audiences; to nurture their own particular academic strengths and clinical observations.

This research module provides the research skills development for the the DClinPsy. It focuses on re-introducing trainees to research methods and exploring their application within the field of clinical psychology. Trainees are learn how to design research and are taught practical skills in data management and analysis, in both qualitative and quantitative methods. They are also provided with introductory skills and training on quality improvement research.

The module is mapped against the British Psychological Society standards – the nine core competence areas - for the accreditation of doctoral programmes in Clinical Psychology (January 2019). Below is a set of narrative summaries that describe these nine competence areas which incorporate over 100 specific skills. Detailed description of the competencies can be found here

- Generalisable meta-competencies = GMC

The generalisable meta-competencies are applicable in different contexts with different people at different life stages, drawing on any relevant areas of psychological knowledge, guidelines, and frameworks. These skills include the ability to critically synthesise evidence and apply it in ways that fit the context which may be complex or novel and draw on a variety of models of practice. Furthermore, to be able to exercise these approaches in an autonomous way, collaborating and communicating effectively, where appropriate with service users and others in a reflective and ethical manner.

- Psychological assessment (PA)

The ability to choose, use and interpret a broad range of methods of assessment encompassing individual, group, social context and organisational and approaches, with a good understanding of psychometric principles and practice, including the assessment of risk.

- Psychological formulation = PF

On the basis of assessment being able to co-produce and lead on formulations addressing individual, systemic, cultural and biological factors which may be related to but are not premised on formal diagnostic frameworks and that are aimed at helping the client, team or organisation better understand their experience. Ability to choose the most appropriate format and complexity of the formulation to match the issues concerned and to guide interventions in a manner consistent with equality diversity and inclusion.

- Psychological intervention = PI

On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client(s), and to do this in a collaborative manner. Ability to use evidence-based psychotherapeutic models and other approaches for interventions that address the complexity of the presentation and context, including prevention and promotion of wellbeing, that promotes recovery that is informed by service users' values and goals. Ability to take into account psychopharmacological and other multidisciplinary methods. Are mindful of social constructivist, community and critical psychology approaches to intervention. Be aware of and able to communicate when intervention is not helpful or appropriate.

- Evaluation = E

Evaluating practice through the monitoring of processes and outcomes, across multiple dimensions of functioning; devising innovative approaches to evaluation, with wide knowledge and critical appreciation of the main evaluation methods in use across the health and welfare system and effective use of supervision to evaluate own work.

- Research = R

Being a critical and effective producer, consumer, interpreter, and disseminator of the research evidence base relevant to clinical psychology practice and that of psychological services and interventions more widely. Utilising such research to influence and inform the practice of self and others.

- Personal and professional skills and values = PPSV

Ability to, in a reflective and reflexive manner, recognise ethical issues, be able to reason about them and take action to address them in various contexts including complex clinical and self-care contexts; ensuring that informed consent underpins all contact with clients and research participants.

- Communicating and teaching = CT

The ability to communicate effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences, as necessary. Using these skills in teaching, supervision, expert opinion, with interpreters and supporting other's learning.

- Organisational and systemic influence and leadership = OSIL

Awareness of the legislative and national planning contexts for service delivery and clinical practice and the capacity to adapt practice in light of this. Ability to practice and in a variety of contexts and understand how these contexts function from an organisational perspective. Knowldege of and ability to supervise; provide consultancy and leadership,

in collaborating with others, including service users and other experts by experience. Be able to promote psychological mindedness in services, alongside the implementation of quality improvement systems. Being able to recognise malpractice or unethical practice in systems and organisations and knowing how to respond to this, and being familiar with 'whistleblowing' policies and issues

MODULE AIMS – intentions of the module

The research development module aims to develop trainees':

1.Ability to formulate, design, carry out, critically evaluate, and disseminate the results of research that is relevant to the concerns of clients, service users, providers and commissioners of health services, including the broader public (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL)

2.Awareness of important stakeholders in clinical psychology research and promote the collaborative involvement of these stakeholders in the research process (e.g., providers, purchasers and service users, research councils, professional training organisations, interested clinical psychology colleagues) (GMC, PA, PF, PI, E, R, CT, PPSV)

3. Adoption of clinical research as part of their professional work in their training and their post-qualification careers (GMC, PA, PF, PI, E,R, PPSV, CT, OSIL)

INTENDED LEARNING OUTCOMES (ILOs) (see assessment section below for how ILOs will be assessed)

On successful completion of this module **you should be able to**:

	Module Specific Skills and Knowledge:
1	Access and critically evaluate complex research relevant to your professional work (GMC, PA, PF, PI, E, R, PPSV, OSIL)
2	Apply research to solve complex problems in clinical psychology (GMC, PA, PF, PI, E, R, PPSV, OSIL)
	Discipline Specific Skills and Knowledge:
3	Understand the MRC Complex Intervention Framework, and psychological research designs and methodologies (GMC, PF, PI, E, R, OSIL)
4	Understand the broad principles of good research practice as specified in the Department of Health's Research Governance framework, including the importance of multiple forms of validity in quantitative and credibility in qualitative research, and

	the ability to critique these approaches, and understand the scope of application of knowledge based on method of evidence production (GMC, PA, E, R, OSIL)
5	Design, conduct, and disseminate (via a written thesis, oral presentation, and oral examination) a major piece of research that: is original; forms a distinct contribution of knowledge of the subject; demonstrates your ability to relate the subject matter of the thesis to the existing body of knowledge within the field; and is of a satisfactory level of literary presentation (GMC, PA, PF, E, R, PPSV, CT, OSIL)
6	Understand the principles of systematic literature review in searching for, evaluating and synthesizing evidence and be able to conduct such reviews, and identify appropriate implications based on the quality and nature of the acquisition of the underpinning evidence. (GMC, PI, E, R, CT)
7	Be able to plan and conduct research relevant to the planning, audit, evaluation and quality improvement of clinical services (GMC, E, R, CT, OSIL)
8	Understanding how to involve service users and other stakeholders (e.g. supervisors, commissioners, other disciplines, collaborators) throughout the research process in a respectful manner, and how to ensure relevance of research outcomes to practice (GMC, R, PPSV, CT, OSIL).
9	Appreciate the ethical standards underpinning clinical psychology research informed by the Research Governance Framework and BPS Ethical Code of Conduct, Division of Clinical Psychology, HCPC, HEE and the University, and be familiar with the HRA and IRAS ethical application processes. (GMC, R, PPSV, CT, OSIL)
10	Understand the context of mental health research, specifically in clinical psychology and routes to funding and continuation of research post training (GMC, R, E, OSIL, CT).
11	Be reflective and reflexive in the conduct and evaluation of research, specifically to consider the impact of inclusion, equality and diversity on the design, implications and potential limited applications of research/evidence (GMC, R, E, OSIL)
Personal and Key Transferable/ Employment Skills and Knowledge:	
12	Show innovation, independence and confidence in undertaking research relevant to professional practice (GMC, E, R, PPSV)
13	Collaborate effectively with all stakeholders (e.g., clients, service users, ethical bodies, providers and commissioners of services) throughout the research process (GMC, PA, PF, PI, E, R, PPSV, CT, OSIL)
14	Show a capacity to act in accordance with the Research Governance framework (GMC, PA, E, R, PPSV, OSIL)
SYLLABUS PLAN – summary of the structure and academic content of the module	

A number of learning methods will be used including: Lectures, small group work, tutorials, individual presentations, problem-based learning, guided learning, computer-based workshops, research methods workshops, asynchronous and online research consultation meetings, research supervision. While participants will be taught by active researchers/research tutors, they will also learn from each other's experiences. Assignments and assessments are designed to develop trainees' research knowledge, research competence and ability to consume and conduct clinical research to the required standard.

Core research mastery teaching commences in year 3. This year is designed with more study time for completion of the thesis as well as advanced quantitative and qualitative analysis opportunities for trainees as appropriate to their individual thesis. We have endeavoured to allow the training to be flexible according to trainee needs. Trainees are also able to access research consultations held weekly throughout, research supervision, post queries to the research consultation page, and in year one have additional research tutorials that are offered.

Teaching sessions:

The content of each teaching session is available to trainees on ELE (PSYD044). An example list of how the module may be presented is offered below. There are currently 4 teaching sessions, and full day research conference.

Assignments

Summative Assessment:

All work is graded as follows: Pass, Minor Amendments, Major Amendments, or Fail — and each piece of work needs to be passed for successful module completion. Please see the Programme Chapter for further guidance on marking and course progression.

The thesis is examined according to the TQA: Code of Good Practice: Boards of Examiners for Degrees by Research. The Board of Examiners for the thesis comprise the Internal Examiner and the External Examiner. Please see the TQA Codes for further details: http://as.exeter.ac.uk/academic-policy-standards/tqamanual/

Assessment is by 100% coursework. All summative assessments as outlined above contribute to progression through the programme. See the Programme Chapter for guidance on programme progression and module completion.

LEARNING AND TEACHING

LEARNING ACTIVITIES AND TEACHING METHODS (given in hours of study time)

Scheduled Learning & Teaching activities	800	Guided independent study	550	Placement/study abroad	

DETAILS OF LEARNING ACTIVITIES AND TEACHING METHODS

Category	Hours of study time	Description
Scheduled Learning and Teaching activities	800	Lectures and practical classes
Guided independent study	550	Reading and web based activity. Preparation for presentations. Research activities.

ASSESSMENT

FORMATIVE ASSESSMENT - for feedback and development purposes; does not count towards module grade

Form of Assessment	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Thesis Presentation/Conference (year 3)	15 minutes presentation and 10 discussion	1, 2, 5, 6, 8, 9	Discussion

SUMMATIVE ASSESSMENT (% of credit)

Coursework	100%	Written exams		Practical exams	

DETAILS OF SUMMATIVE ASSESSMENT				
Form of Assessment	% of credit	Size of the assessment e.g. duration/length	ILOs assessed	Feedback method
Thesis	100	14000 words (literature review 6000 words, empirical paper 8000 words)	1, 2, 3, 4, 5, 6, 7, 8, 9, 10. 11, 12, 13, 14	Written

DETAILS OF RE-ASSESSMENT (where required by referral or deferral)			
Original form of assessment	Form of re-assessment	ILOs re-assessed	Time scale for re-assessment
Thesis	Re-submission of a thesis that fulfills the ILOs14000 words (literature review 6000 words, empirical paper 8000 words)	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	Minor amendments – up to 12 weeks Major amendments – up to 6 months Resubmission – up to 12 months

RE-ASSESSMENT NOTES

Trainees are required to pass all categories of work subject to summative assessment, so a Fail on any summative assignment will normally result in a recommendation of Programme Failure by the Board of Examiners*.

Also, if a trainee has received ANY TWO of the following, then a recommendation for Programme Failure will normally be made:

- A Clinical Referral
- An Academic or Research assessment receiving a Major Amendment category iii mark.
- A Thesis receiving a Resubmission for DClinPsy (Category D on the marking criteria)

*Please note, the Thesis is examined by an Internal and External Examiner, who together form the Board of Examiners for the Thesis component of the DClinPsy. If the Internal and External Examiners recommend ‘no degree be awarded’ (Category E on the marking criteria), then this will normally result in a recommendation of Programme Failure to the University.

If a trainee thinks that they have grounds for appeal against the recommendation of the Board of Examiners, then the trainee should follow the University Student Academic Appeals Procedures: http://www.exeter.ac.uk/staff/policies/calendar/part1/otherregs/appeals/.

These University appeal procedures would also apply in the case of a Programme Failure.

RESOURCES

INDICATIVE LEARNING RESOURCES - The following list is offered as an indication of the type & level of information that you are expected to consult. Further guidance will be provided by the Module Convener.

#American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

Barker, C., Pistrang, N., & Elliott, R. (2016). *Research methods in clinical psychology: An introduction for students and practitioners* (3rd ed.). Chichester, UK: Wiley.

Barlow, D. H., Hayes, S. C., & Nelson, R. O. (1986). *The scientist-practitioner: Research and accountability in clinical and educational settings*. Oxford: Pergamon.

Bem, D. J. (1995). Writing a review article for Psychological Bulletin. *Psychological Bulletin*, *118*, 172-177.

*British Psychological Society. (2009). *Code of Ethics and Conduct*. Leicester, UK: Author. Available at: http://www.bps.org.uk/system/files/documents/code_of_ethics_and_conduct.pdf

*British Psychological Society. (2005). *Good practice guidelines for the conduct of psychological research in the NHS*. Leicester, UK: Author. Available at: http://www.psy.ed.ac.uk/psy_research/documents/BPS%20Guidelines%20for%20the%20Conduct%20of%20Research%20within%20the%20NHS.pdf

British Psychological Society. (2004). *Style guide*. Leicester, UK: Author. Available at: http://www.bps.org.uk/sites/default/files/images/bps_style_guide.pdf

*Bryman, A. (2012) *Social research methods* (4th ed.). Oxford: Oxford University Press.

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Maher, B. A. (1978). A reader's, writer's and reviewer's guide to assessing research reports in clinical psychology. *Journal of Consulting and Clinical Psychology, 46*, 835-838.

Miles, J., & Gilbert, P. (2005). *A handbook of research methods for clinical and health psychology*. Oxford: OUP.

Murphy, E., Dingwall, R., Greatbach, D., Parker, S., & Watson, P. (1998). Qualitative research methods in health technology assessment: a review of the literature. *Health Technology Assessment, 2*, 16.

Pearn, J. (1995). Publication: An ethical imperative. *British Medical Journal, 310*, 1313-1315.

Roberts, M. C., & Ilardi, S. (2005). *Handbook of research methods in clinical psychology*. Cambridge, MA: Blackwell.

Robson, C. (2002). *Real world research: A resource for social scientists and practitioner researchers* (2nd ed.). Oxford: Blackwell.

Rosnow, R. L., & Rosnow, M. (1998). *Writing papers in psychology.* (4th ed.). Pacific Grove, CA: Brooks Cole

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Silverman, D. (2004). *Qualitative research: Theory, method and practice* (2nd ed). London: Sage.

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Sternberg, R. J. (Ed.) (2000). *Guide to publishing in psychology journals*. Cambridge: Cambridge University Press.

*Tabachnick, B. G., and Fidell, L. S. (2012). *Using multivariate statistics* (6th ed.). New York: Harper and Row.

*Torgerson, C. (2003). *Systematic reviews.* London: Continuum.

Core text. * Highly recommended.

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http://vle.exeter.ac.uk/

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British Psychological Society

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- *Standards of conduct, performance and ethics* (2009) http://www.hcpc-uk.org.uk/assets/documents/10003B6EStandardsofconduct,performanceandethics.pdf

- *Guidance on conduct and ethics for students* (2009) http://www.hpc-uk.org/assets/documents/10002D1BGuidanceonconductandethicsforstudents.pdf

- *Andy Field's Statistics Hell (statistics/SPSS podcasts):* http://www.statisticshell.com/html/limbo.html
- *British Psychological Society Code of Ethics and Conduct:* http://www.bps.org.uk/system/files/documents/code_of_ethics_and_conduct.pdf
- *Centre for Reviews and Dissemination (systematic review guidelines):* http://www.york.ac.uk/inst/crd/
- *Consort Statement (reporting guidelines for RCTs):* http://www.consort-statement.org/
- *Effective Public Health Practice Project (evaluation of evidence tools):* http://www.ephpp.ca/tools.html
- *EPPI-Centre (University of London; evaluation of evidence tools):* http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=184
- *ESRC project (guidelines for writing literature reviews):* http://www.york.ac.uk/inst/crd/projects/narrative_synthesis.htm

http://www.sphsu.mrc.ac.uk/research-programmes/ev/methop/narr.html

- *MRC Complex Interventions Framework:* www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/
- *Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA):*

http://www.prisma-statement.org/			
CREDIT VALUE	110	**ECTS VALUE**	55
PRE-REQUISITE MODULES	Research Skills in Clinical Psychology and Research Development in Clinical Psychology		
CO-REQUISITE MODULES	PSYD063 & PSYD060		
NQF LEVEL (FHEQ)	8	**AVAILABLE AS DISTANCE LEARNING**	YES / **NO**
ORIGIN DATE		**LAST REVISION DATE**	September 2023
KEY WORDS SEARCH	Clinical Psychology, Research, Thesis		

Appendix 2 Research Assessment Summary Table

Research Assessment Summary Table

Detailed overview of assessed research components in order of completion (Summative = formally marked, Formative = not formally marked but receive guidance and feedback, NA = not applicable).

Components	Assessment	Required structure	Word count	Deadline
1. Attendance, participation and feedback on research methods teaching program.	Attendance monitored	NA	NA	NA
Year 1				
2. Methodology assignment/competency log	Formative	NA	NA	Line management meeting September[1]
3. Research conference	Formative	Attendance only	NA	Mid January
4. Thesis proposal presentation	Formative	15 min oral presentation 15 min discussion	NA	Late January
5.1. Thesis proposal	Summative	1. Title page 2. Introduction 3. Aims, hypotheses and/or research questions 4. Methods (including summary of method for systematic/ structured literature review) 5. User Consultation	5000	March

		6. Ethical considerations 7. Timeline 8. Feasibility statement 9. Significance/ contribution to psychological theory and clinical implications 10. Table of financial breakdown 11. Signatures 12. References 13. Relevant Appendices including Dissemination Statement for both Literature Review and Empirical Paper		
5.2. Mini-viva/ upgrade	Summative Oral exam/defence with internal examiner and moderator	40 min meeting responding to queries about your proposal	NA	May
6. Quality Improvement Project proposal	Formative	1. Title 2. Aims and objectives 3. Local setting/context and problem description 4. Background 5. Design 6. Participants 7. Measures 8. Procedure 9. Planned analysis 10. Ethics	1000	June
Year 2				

7. Quality Improvement Project (QIP)	Summative	1.Title page 2. Abstract 3. Background 4. Methodology 5. Findings 6. Theoretical and Clinical implications 7. Conclusions 8. Appendix including evidence of ethical/R&D approvals and Dissemination Statement	4000	December
8. Research conference	Formative	Poster presentation of QIP	NA	January
9. Methodology assignment/competency log	Formative	NA	NA	Line management meeting September
Year 3				
10. Research conference	Formative	15 min oral presentation of thesis research + 15 min questions	NA	January
11. Thesis consisting of:	Summative	Literature review and empirical paper bound together, preceded by: 1. Main title page 2. Author's declaration (if joint research) 3. Table of contents 4. List of tables 5. List of figures		early March

11.1. Literature review	Summative	Systematic review in the format of a specified journal: 1.Title page 2. Abstract 3. Manuscript 4. References 5. Appendices including Copy of Instructions for Authors	6000	early March
11.2. Empirical paper	Summative	In the format of a specified journal: 1.Title page 2. Abstract 3. Manuscript 4. Appendices including evidence of ethical/R&D approvals; Dissemination statement for both Literature Review and Thesis; Copy of Instructions for Authors	8000	early March
11.3. Viva voce exam	Summative (oral exam) by an internal and external examiner	NA	NA	late May
12. Research Portfolio	Submission	Contents page, QIP, research proposal, thesis, and dissemination statement.	24,000	End of training

Appendix 3 Research Contract

Supervisory contract for DClin Psych dissertation

Trainee

Name (print): Signature:

Primary supervisor

Name (print): Signature:

Role of primary supervisor, and percent time:

Second supervisor

Name (print): Signature:

Role of second supervisor and percent time:

Title of research project:

Start date:

End date: When the trainee has passed (i.e., after the required amendments have been made by the trainee following the viva, and these have been approved by the examiner).

Confirmation that the trainee and all supervisors have completed the publication intent agreement:

Trainee ☐ Primary supervisor ☐ Second supervisor ☐

Purpose and milestones

The thesis supervision agreement is established to support the trainee to successfully complete a major research project that meets the BPS and University criteria, and to pass their viva voce examination.

The thesis timeline consists of:

Year 1: research fair and supervisor allocation (autumn), presentation of proposed thesis research to peer trainees and research tutors (New year – exact dates in timetable), submission of a written research proposal, mini-viva to evaluate the merit and feasibility of the proposed research (March, exact dates in timetable).

Year 2: Obtain ethical approval for thesis research, data collection

Year 3: Thesis submission consisting of literature review and empirical paper (March), and viva voce examination (May)

Milestone	**Date**
Generating the research question	
Development of research plan	
Presentation of the proposed thesis research to peer trainees, supervisors, and research tutors	
Submission of a written thesis proposal that has been approved by all supervisors	
Addressing the proposal reviewer comments	
Seeking ethical approval (see handbook and ELE for guidance): Psychology Ethics Committee (required) IRAS (if necessary)	
Participant recruitment and data collection	Start: End:
Data analysis	
Literature review search	
Literature review screening/rating of studies	

Submission of first draft of the literature review to supervisors	
Submission of first draft of empirical paper to supervisors	
Presentation of thesis research at trainee conference	
Viva voce examination	
Addressing examiners' requested amendments	
Submission of approved thesis to ORE	
Provide supervisor with copy of thesis data	

Objectives of the thesis research

Systematic review:

Empirical study:

Frequency of meetings:

What is the agreed frequency of meeting with supervisor(s)? **Please note that all students are expected to have a minimum of 10 supervision meetings per academic year as laid out by the University:**

How will these meetings take place (e.g. face to face, telephone, Skype, Teams, Zoom):

Who is responsible for arranging meetings or other formal contact:

What type of guidance, comments and feedback can the student expect:

What is the procedure for dealing with urgent problems:

Additional Support

Does the student have any specific needs or circumstances which must be taken into account in providing him/her with the means to complete the research? (N.B. It is the duty of the supervisor to encourage the student to inform the AccessAbility (Exeter)/Accessibility Service (Cornwall) of their needs in order for appropriate support to be organised). If an ILP is already in place this should be discussed.

Dignity and Respect

The University of Exeter is committed to developing an environment where students and staff can work and study free from discrimination and harassment, enabling staff and students to fulfil their personal potential. Everyone in the University community should be treated with dignity and respect. Students and staff, particularly staff in positions of responsibility, have an important role to play in creating an environment where harassment is unacceptable. The Dignity and Respect Policy demonstrates the University's commitment to eliminating harassment and the role students and staff fulfil in helping us achieve this aim.

Supervisor and student must discuss appropriate behaviour **in supervisory interactions and agree a mechanism for raising concerns with the individual before concerns escalate.** Dignity and Respect Advisors are also available in instances of harassment or bullying.

The contract involves for the trainee:

1. Supervisors have the right to expect a high level of commitment from their students who should respond positively to advice and guidance and will develop an increasing level of independence in the conduct of their research. Trainees will adhere to the responsibilities for students set out in the the code of good practice for the supervision of postgraduate students http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/supervisionofpgr/
2. To plan and discuss with their supervisors the research topic and timetable for the research.
3. To discuss and agree a schedule of meetings, recorded in MyPGR, and appropriate feedback.
4. To maintain a record of progress, including writing up records of supervisory meetings using MyPGR. All recorded activity in MyPGR needs to be agreed and signed by the supervisor and trainee. Trainees must complete the Annual Research Progress Monitoring form (via MyPGR) each year summarising progress and any issues for concern.
5. Meeting deadlines (official and internally agreed ones), including writing up and submitting the thesis on time and in accordance with University guidelines for the submission of theses: http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/presentationoftheses/
6. Responding to correspondence from supervisor (e-mails, phone calls) and informing in good time if meetings need to be rearranged
7. Keeping all supervisors informed about their progress, taking responsibility for their own thesis and bringing issues to the attention of the supervisor and/or research coordinator
8. Taking responsibility for conducting doctoral level research with the guidance of their supervisor, including effective time management, proactively identifying research question and design, and seeking help where required.
9. Preparing for supervisory meetings
10. To familiarise themselves with relevant regulations and legal issues, including but not limited to good practice in the conduct of research, research misconduct, copyright, data protection, health and safety, and ethical considerations which might arise in the course of research.
11. Preparing a data management plan consistent with the Univeristy Data Management policy:
https://www.exeter.ac.uk/research/researchdatamanagement/before/plans/
12. Before the end of the study period, trainees should ensure that the supervisor has copies of all data including the raw data for secure storage in accordance with the data management plan. Raw data should be kept at the University (in a locked filing cabinet), and a copy of the data files (SPSS or equivalent) needs to be given to the supervisor or admin for storage.
13. Trainees need to return any DClinPsy equipment before September Year 3.
14. On completion of the thesis, the research must be uploaded to Open Research Exeter, consistent with the ORE guidelines. It is strongly recommended that the

trainee requests an embargo on their thesis being made universally accessible on ORE/library for a period to allow time for publication of papers.

The contract involves for the supervisor:

1. Supervision is a relationship requiring trust and respect. Students have the right to expect regular, high quality advice, support and direction in their quest for academic excellence. Supervisors will adhere to the code of good practice for the supervision of postgraduate students http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/supervisionofpgr/
2. To meet regularly with the trainee. Primary supervisors are required to engage with trainees the equivalent of at least once a month for 10-months of the year (in person, via telephone, skype, or through extended written commentary).
3. To give guidance about the nature of research and the standard expected, the planning of the research programme, relevant literature and sources, research methods and instrumental techniques, and research data management.
4. Monitoring the trainee's progress and raising attention to issues to be solved
5. Giving regular feedback and advice on thesis proposal, ethics application, progress reports and at least one draft of the thesis. Supervisors must read and comment on at least one draft of the research proposal and at least one draft of the full thesis prior to submission.
6. Supervisors are jointly responsible with trainees for ensuring that a research project is feasible, with respect to recruitment, collection of data etc.
7. Helping trainee prepare for the viva
8. Supporting trainee in addressing examiners requests for amendments - if after examination, amendments are required to the thesis proposal or main thesis then supervisors will review these with the trainee, provide comments on drafts, and support the trainee in the resubmission process.
9. Both supervisors need to provide regular (monthly) updates to the PGR Support Team, reporting progress and any difficulties.
10. Supervisors must complete the Annual Research Progress Monitoring form (via MyPGR) each year summarising trainee progress and any issues for concern.
11. Supervisors must attend the DClinPsy Research Supervisors training session each year, as arranged by the Research Director/Deputy Director.
12. Liaising with trainee to find mutually convenient times for supervision, including making appropriate contingency plans and keeping trainees informed if unavailable because of university business, illness, work-related travel (e.g., conferences), holiday.

Obligations common to both trainee and supervisors:

Trainees and supervisors agree to adhere to the following documentation for the DClinPsy: Programme Handbook: https://psychology.exeter.ac.uk/study/clinical/dclinpsy/

Research Handbook: https://psychology.exeter.ac.uk/study/clinical/dclinpsy/

University Regulations for Professional Doctorates:
http://www.exeter.ac.uk/staff/policies/calendar/part1/regulations/r2-3/#d.en.317107

Code for Good Practice: Professional Doctorate PGR Programmes:

http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Mprofdocs.pdf

Code of Good Practice: Supervision of PGR students:
http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Epgsuper.pdf

Code for Good Practice: Board of Examiners for Degrees by Research:
https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/pgr/pgrexaminations/#chair

Presentation of thesis http://admin.exeter.ac.uk/academic/tls/tqa/Part%207/7Jpgthesis.pdf

Open Research Exeter policy for DClinPsy research -
https://www.exeter.ac.uk/students/administration/examsandassessment/pgr/e-theses/pgr/

Please note: If there is a field supervisor, arrangements for communication between the primary and field supervisors should be made (e.g., 3-way termly meeting between primary and field supervisors and trainee). There should also be clear mechanisms for regular communication with the primary supervisor regarding progress (e.g., emailed minutes of all supervision). There should also be clear mechanisms for communicating any concerns about the research (e.g., recruitment difficulties) to the primary supervisor in a timely fashion.

Appendix 4 Publication Contract

DClinPsy contract regarding publication intent

We hereby enter into an agreement, as outlined below, regarding the publication of the project tentatively titled:

_____

FIRST AUTHOR
Name (print): Signature:

Brief description of basic responsibilities/role on project:

SECOND AUTHOR
Name (print): Signature:

Brief description of basic responsibilities/role on project:

THIRD AUTHOR
Name (print): Signature:

Brief description of basic responsibilities/role on project:

It is agreed that authorship order may be renegotiated should an individual's responsibilities substantially change, or should an individual fail to perform their role as stated above. Should the manuscript not be submitted within 24 months of the trainee passing their viva, it is agreed that the supervisor will take primary responsibility for submission of the manuscript.

Date contract signed:

Principles for determining authorship and approach to publication of thesis research

The determination of authorship should be guided by the BPS statement on authorship and publication credit 2017 and the APA guidelines for determining authorship 2015
.

(1) The trainee is strongly encouraged to submit a version of at least one paper from their thesis research to a peer-reviewed journal. Ideally, this should be accomplished in the first year after the training finishes.
(2) Trainee and supervisor should communicate about this early on in Year 1 and complete the contract regarding publication intent. They should be guided by the APA and BPS recommendations (linked on the contract document) when this decision is made. Usually, the trainee is the first author and the primary supervisor is last author unless (a) other agreements have been made (e.g., contributing to a larger project/larger paper in a high impact journal), (b) the trainee fails to prepare the manuscript(s) within two year after the submission or (c)

major intellectual input for the project came from the supervisor(s) and the trainee mainly recorded data for a previously designed project.
(3) We operate an inclusion policy, so would expect that all people who have made an appropriate level of contribution (see APA guidance on this) are included as authors. The supervisory input during training means that the primary supervisor would always be expected to be an author. The second supervisor should also be invited to be a co-author.
(4) All authors will read and comment on the final manuscript before it is submitted for publication, and will complete/review the author contribution statement that is included in the submission.
(5) If the trainee has not submitted the thesis research for publication during the first year after training, the supervisor may decide to publish the project or parts of the project in order to comply with ethical and research governance guidelines. The trainee will be informed about this and will be an important co-author (i.e. second or joint first author). In accordance with the BPS guidance, in exceptional circumstances, where considerable revision is required beyond the capacities of the student, it may be agreed that the supervisor(s) be listed as first author(s) as a result of the additional contributions made.
(6) BPS guidelines state that if the project has not been submitted for publication within 2 years, the supervisor may submit the research for publication and put themselves as first author (barring that the trainee has not made substantial progress towards submitting the article).
(7) In the event that a trainee does not wish to write up their work for publication; or has given consent for the supervisor(s) to do so; the research may be used for publication with the supervisor(s) as principal author(s) and the trainee as second author, if appropriate.

Appendix 5 Training Needs Statement

Training Needs Statement

1. Is attendance at any specific training event required for developing **the trainee's knowledge** of the subject area?

   Essential / Desirable / Not Necessary

   If essential or desirable, please provide further information about the training required. Please include costs, time and location of event(s):

   To ensure project feasibility, when would the trainee need to have completed this training?

2. Is additional training required for the trainee to undertake the chosen methodology (e.g. attendance at training event, one-to-one meetings/supervision?)

   Essential / Desirable / Not Necessary

   If essential or desirable, please provide further information about the training required. Please include costs, time and location of event(s):

   To ensure project feasibility, when would the trainee need to have completed this training?

3. Is additional training required for the trainee to undertake the chosen **statistical analysis** (e.g. attendance at training event, one-to-one meetings/supervision?)

   Essential / Desirable / Not Necessary

If essential or desirable, please provide further information about the training required. Please include costs, time and location of event(s):

To ensure project feasibility, when would the trainee need to have completed this training?

4. Is there any other **additional training** required for the trainee to successfully complete the proposed project (e.g. **attendance at training event, one-to-one meetings/supervision**?)

Essential / Desirable / Not Necessary

If essential or desirable, please provide further information about the training required. Please include costs, time and location of event(s):

To ensure project feasibility, when would the trainee need to have completed this training?

Signature of Trainee

…….…. Date

Signature of Primary Supervisor

……. Date

Appendix 6 Research Competency Log

DClinPsy Research Competency Log

Please complete this competency log as you progress through your training. This will help you to monitor your own progress at developing research competencies and to identify any training needs you might seek additional support for.

Please complete the table below by rating the columns that best reflect your current stage. Don't worry if some of the skills are unfamiliar! If you completed the Research Skills Survey sent by the research team you may request a copy of that form and use that as your competency log to retain a record of your progression through the course.

Please rate your confidence in each skill using the following scale:

0	1	2	3
Not at all confident	Not very confident	Moderately confident	Very confident

I. Generic skills	Start of training	Start of Y2	Start of Y3
1. Research management			
1.1. Time management			
1.2. Organizational skills			
2. Being a critical user of research			
2.1. Reading research papers critically			
2.2. Assessing internal and external validity of research			
3. Scientific writing and communication			
3.1. Writing a research proposal			
3.2. Writing an ethics application			
3.3. Writing a dissertation			
3.4. Writing for publication			
3.5. Writing a systematic literature review			
3.6. Dealing with journal editors and reviewers			
3.7. Presenting your work at conferences			
3.8 Defending your work in a viva examination			

3.9. Communicating research to wider audiences/media			
4. General PC/software skills			
4.1. PowerPoint (for presentations/posters)			
4.2. SPSS			
4.3 Excel			
4.4 R			
4.5 Jamovi			
4.6 Literature databases (e.g. PubMed, Web of Science)			
4.7 Literature referencing software (e.g. Endnote)			
4.8 Collecting data via the web (e.g., via Gorilla, Qualtrics)			
II. Methodological and statistical skills			
5. Generating research questions and hypotheses			
6. Quantitative Designs			
6.1. Experimental designs (between/within-subjects, randomization)			
6.2 Quasi-experimental designs			
6.3 Surveys and correlational designs			
6.4 Longitudinal designs (retrospective/prospective)			
6.5Small n designs (e.g. Single Case Experimental Design)			
7. Qualitative Methods			
7.1 Collecting data from participants (e.g. focus groups, interview skills)			
7.2 Interpretative phenomenological analysis			
7.3 Grounded theory analysis			
7.4 Discourse analysis			
7.5 Thematic analysis			
8. Quantitative Methods/Statistical skills			
8.1 Cleaning and exploring data			
8.2 Dealing with missing data			
8.1 Effect size and power analysis			
8.2 *t*-tests			
8.3 Correlation			
8.4 Partial correlation			
8.5 Multiple regression			
8.6 Mediation/moderation analysis			
8.7 Logistic regression			
8.8 Exploratory factor analysis			

8.9 One-way ANOVA			
8.10 Factorial ANOVA			
8.11 Repeated-measures ANOVA			
8.12 Planned comparisons and post-hoc tests			
8.13 ANCOVA			
8.14 MANOVA			
8.15 Nonparametric analysis			
8.16 Multilevel/hierarchical linear modelling			
8.17 Structural equation modelling/path analysis			
9. Systematic Literature Review skills			
9.1 Conducting a search for target literature efficiently and effectively			
9.2 Identifying and contextualising "grey" literature			
9.3 Appraising the quality of research papers			
9.4 Synthesising literature			
9.5 Understanding meta-analysis			

In the space below, please identify any specific skills that you need to develop and why (e.g., training in multiple regression for the thesis). They may or may not be included in the table.

Start of training:

End of first year:

End of second year:

Appendix 7 QIP Marking Guidelines

Marking Criteria for QIP

Pass

Minor amendments (i)(ii)

Major amendments (i) (ii) (iii)

Fail

To achieve a 'Pass' grade, doctoral standard must be achieved for all assessed criteria (i.e. achievement of an E or S for all assessed criteria

Structure	Guidelines	Marking Criteria		
		Extensive	**Sufficient**	**Insufficient**
Introduction Setting/context • Brief literature review	A clear and concise statement of the aims of the evaluation and its relevance to the service under investigation. A thorough but concise description of the service under development (including its primary role and objectives), which places the QIP in context. A brief and focused review that draws upon existing and relevant service-related research. The review provides an excellent	Strong and convincing evidence that the work is of professional doctoral standard. Demonstrates advanced and original scholarship of a quality to satisfy peer review.	Satisfactory or good evidence that the work is of professional doctoral standard. Demonstrates some scholarship of a quality to satisfy peer review.	Inadequate or no evidence that the work is of professional doctoral standard. Demonstrates little or no original scholarship of a quality to satisfy peer review.

	background to research in the area and is linked well with the aims and objectives of the QIP.			
Methodology • Design • Sample • Measures • Procedure • Ethical considerations • Analysis plan	The methods are clearly described and appropriate to the aims of the study with clear justification where required. The description of the research methodology suggests the research aims can be answered fully and appropriately by the study. The rationale for analysis is described in full. A range of methods may be used demonstrating a clear understanding of QI approaches.			
Results • Results and interpretation	The analysis performed is accurate. Results are presented clearly and in the appropriate format suggesting a thorough knowledge of the analytic strategy used. Interpretation of findings is well grounded in the data, balanced and considered.			
Discussion • Discussion of the findings and the	Implications are clearly described with a thorough			

implications of the study	consideration of issues relevant to both the service and clinical psychology practice in general. Theoretical implications are also considered. Study strengths and limitations are fully considered leading to recommendations for future research with clear justification for the direction suggested. Clear implications for quality improvement of services and future developments are stated.			
Quality of the writing and presentation (clarity, coherence and organisation)	The work is extremely well written, and develops arguments, ideas and evidence very effectively. The work is written in a logical, sophisticated and sequential manner. The writing accurately reflects the work. There is a highly effective use of graphs, tables, figures and examples.			

BPS Competency Framework (2014)

2.2.1. Generalisable Metacompetencies (including Relationships) = GM

2.2.2. Psychological assessment = PA

2.2.3. Psychological formulation = PF

2.2.4. Psychological intervention = PI

2.2.5. Evaluation = E

2.2.6 Research = R

2.2.7 Personal and professional skills and values = PPSV

2.2.8 Communicating and teaching = CT

2.2.9 Organisational and systemic influence and leadership = OSIL

Appendix 8 QIP Open Access Consent

CONSENT TO SHARE DCLINPSY RESEARCH PORTFOLIO

AND QIP OPEN ACCESS

Please indicate your response to each of the following items:

1. I am willing that this portfolio, or any elements thereof (QIP, research proposal, literature review, empirical research), be shared with other Exeter DClinPsy trainees as an example of previously completed work. The work will be fully anonymised before it is shared with other trainees.

   YES / NO (indicate which elements) _____

   Trainee's signature: _____

2. I am willing to make the QIP an open access document that is accessible via the University of Exeter library website. My clinical supervisor has confirmed that this is acceptable for the host NHS Trust (please ask them to sign below).

   YES / NO

   Trainee's signature: _____

   Clinical supervisor's name: _____

   Clinical supervisor's signature: _____

Trainee name: _____ __ Date: _____

Appendix 9 QIP Feedback Form

Feedback Form for Quality Improvement Projects

Trainee: **Year: 2**

Date:

Indicate Mark Below translates to the description beside it below)

<table>
<tr><th>First submission</th><th>Resubmission 1</th><th>Resubmission 2</th></tr>
<tr><td>PASS</td><td></td><td rowspan="3"></td></tr>
<tr><td rowspan="3">MINOR AMENDMENT
(i) Typos, spelling etc
(ii) Omissions/improvement that do not alter conclusions</td><td>PASS</td></tr>
<tr><td>FAIL</td></tr>
<tr><td rowspan="2"></td><td>PASS</td></tr>
<tr><td>FAIL</td></tr>
<tr><td rowspan="3">MAJOR AMENDMENT
(i) Omissions/improvements may alter conclusions
(ii) Major reorganisation required</td><td>PASS</td><td></td></tr>
<tr><td rowspan="2">MINOR AMENDMENT
(i) Typos, spelling etc
(ii) Omissions/improvement that do not alter conclusions</td><td>PASS</td></tr>
<tr><td>FAIL</td></tr>
<tr><td>FAIL</td><td></td></tr>
</table>

First / Second / Third Submission (Please delete as appropriate)

Indicate in the Table below whether the sections correspond to:

E - Indicates that there is extensive evidence that doctoral standard has been achieved for this criterion

S - Indicates that there is sufficient evidence that doctoral standard has been achieved for this criterion

I - Indicates that there is insufficient evidence that doctoral standard has been achieved for this criterion

To achieve a 'Pass' grade, doctoral standard must be achieved for all assessed criteria (i.e. achievement of an E or S for all assessed criteria)

Section **Please insert your comments and any suggested amendments into the appropriate box.**	**E**	**S**	**I**
Overall			
Introduction		✓	
Brief literature review		✓	

Methodology		✓	
Results		✓	
Discussion		✓	
Quality of the writing and presentation (structure, style, & references)			
Professional Issues		✓	

First Submission (if appropriate) specify required changes and areas for improvement with suggestions for how improvements could be made for the assignment to reach a pass standard

Introduction: No changes

Literature review: No changes

Methodology: No changes

Results: No changes

Discussion: No changes

Presentation and structure: No changes

Professional Issues: No changes

All resubmitted work MUST be accompanied by a letter to the marker detailing what changes have been made in the revised work, detailed against every point that the marker has raised.
Please note that eBART only allows you to submit one file; please include your cover letter at the start of your word document that contains the revised work.
Finally, please also highlight in yellow the revised/changed text so that the marker can quickly see this.
For resubmissions the word limit can be extended by 10%.

Resubmission 1 General Comments/Evaluation (and please detail any required Minor Amendments if following a Major Amendment, or Outstanding Amendments if following a Minor Amendment)

Appendix 10 Marking Criteria for Thesis Proposal

Marking Criteria for Thesis Proposal

Pass

Minor amendments (i)(ii)

Major amendments (i) (ii) (iii)

Fail

To achieve a 'Pass' grade, doctoral standard must be achieved for all assessed criteria (i.e. achievement of an E or S for all assessed criteria)

Structure	**Guidelines**	**Marking Criteria**		
		Extensive	**Sufficient**	**Insufficient**
Introduction • Background • Aims, research questions and hypotheses	Relevant theory is described briefly and a critical evaluation of relevant literature is provided. Clear and concise statements explaining the rationale for the research are provided. The rationale is both understandable and convincing. The proposal contains clear and concise statements of research aims, research question(s)	Strong and convincing evidence that the work is of professional doctoral standard. Demonstrates advanced and original scholarship of a quality to satisfy peer review.	Satisfactory or good evidence that the work is of professional doctoral standard. Demonstrates some scholarship of a quality to satisfy peer review.	Inadequate or no evidence that the work is of professional doctoral standard. Demonstrates little or no original scholarship of a quality to satisfy peer review.

	and hypotheses. The research question logically follows from the extant literature, addresses a meaningful gap or debate in the field, and is of value in answering.			
Method • Literature review • Design and method of empirical paper • Sample/participants for empirical paper • Materials and Procedure for empirical paper • Data analysis strategy for empirical paper • Ethical considerations for empirical paper	The literature review addresses a relevant question. The planned method and procedure for the structured/systematic literature review is clearly presented, in sufficient detail, and appropriate for the question to be addressed. The study design is well described and is clearly appropriate to the research aims. Justification for the methods and measures used is informed by theory and there is a clear rationale for how they will address the research questions. Participants are clearly described			

	and appropriate for the research. Inclusion and exclusion criteria are explicit and there is clear justification for the sample size (including a power analysis where appropriate). The recruitment strategy is understandable, convincing and feasible. If previously collected data are (re)analysed the trainee should demonstrate a substantial contribution within the remit of doctoral level research: i) significant intellectual contribution; (2) an important research study with added value, answering a new research question and generating new knowledge and understanding, beyond the original analysis; (3) trainee acquiring advanced methodological or statistical skills. The measures and materials are			

	appropriate to answer the research question, the study design, and are reliable and valid. The description of the procedure is thorough, logical and coherent, and in sufficient detail to enable replication. All stages involved in conducting the research are clearly described and the approach is feasible. The analysis strategy is clearly described and optimal in addressing the research question(s). There is a thorough justification of the strategy and evidence of in-depth consideration of alternative approaches, where appropriate. Limitations of the approach are considered and addressed. There is a thorough treatment of relevant ethical issues that may arise in the conduct of the research (e.g., risks			

	and inconveniences, recruitment, confidentiality, data protection, informed consent, criteria for participant withdrawal, termination of the research, adequacy of research site).			
Feasibility & Importance of the Research • Timeline for thesis • Significance and contribution to knowledge of thesis • Cost effectiveness for empirical paper • Feasibility of the empirical study	The timeframe proposed is entirely appropriate and feasible, taking a thorough account of potential difficulties at each stage of the research. The potential contribution to knowledge is clearly explained and very compelling. The study is good value for money and the costs estimated are appropriate for the planned project. The project is feasible within the given time frame in terms of available expertise from supervisors/field collaborators			

	available, access to patients/study populations is well justified. Estimates of recruitment are reasonable, well-evidenced and not inflated.			
Dissemination plan of the literature review and empirical paper	Plans for dissemination are clearly described, highly relevant and will target the appropriate audiences to ensure the maximum likelihood of the work having an important impact.			
Quality of the writing and presentation (clarity, coherence and organisation) of thesis proposal	The proposal is extremely well written, and develops arguments, ideas and evidence very effectively. The work is written in a logical, sophisticated and sequential manner.			

BPS Competency Framework (2014)

2.2.1. Generalisable Metacompetencies (including Relationships) = GM

2.2.2. Psychological assessment = PA

2.2.3. Psychological formulation = PF

2.2.4. Psychological intervention = PI

2.2.5. Evaluation = E

2.2.6 Research = R

2.2.7 Personal and professional skills and values = PPSV

2.2.8 Communicating and teaching = CT

2.2.9 Organisational and systemic influence and leadership = OSIL

Appendix 11 Thesis Proposal Feedback Form

Feedback for the Thesis Proposal

Trainee:

Marker:

Date:

Moderator:

Indicate Mark Below

<table>
<tr><th>First submission</th><th>Resubmission 1</th><th>Resubmission 2</th></tr>
<tr><td>PASS</td><td></td><td rowspan="4"></td></tr>
<tr><td rowspan="2">MINOR AMENDMENT
i. Typos, spelling etc
ii. Omissions/improvement that do not alter conclusions</td><td>PASS</td></tr>
<tr><td>FAIL</td></tr>
<tr><td rowspan="3">MAJOR AMENDMENT
i. Omissions/improvements may alter conclusions
ii. Major reorganisation required
iii. New piece of work required</td><td>PASS</td></tr>
<tr><td rowspan="2">MINOR AMENDMENT
i. Typos, spelling etc
ii. Omissions/improvement that do not alter conclusions</td><td>PASS</td></tr>
<tr><td>FAIL</td><td>FAIL</td></tr>
<tr><td></td><td>FAIL</td><td></td></tr>
</table>

First Submission

Indicate in the Table below whether the sections correspond to:

E - Indicates that there is extensive evidence that doctoral standard has been achieved for this criterion

S - Indicates that there is sufficient evidence that doctoral standard has been achieved for this criterion

I - Indicates that there is insufficient evidence that doctoral standard has been achieved for this criterion

To achieve a 'Pass' grade, doctoral standard must be achieved for all assessed criteria (i.e. achievement of an E or S for all assessed criteria)

Section	E	S	I
Abstract			
Background			
Research question(s)			
Aims/objectives			
Hypotheses			
Method of literature review			
Research design of empirical study			
Population and sample size of empirical study			
Materials and Procedure for empirical study			
Method of analysis of empirical study			
Ethical considerations of empirical study			
User involvement			
Feasibility (including timelines)			
Significance and contribution to knowledge			
Cost estimation			
Dissemination of findings			
Quality of the writing and presentation (structure, style, & references)			

First Submission

General Comments/Evaluation:

General strengths:

General areas for improvement:

First Submission (if appropriate) specify required changes and areas for improvement with suggestions for how improvements could be made for the assignment to reach a pass standard.

All resubmitted work MUST be accompanied by a letter to the marker detailing what changes have been made in the revised work, detailed against every point that the marker has raised.

Highlight in yellow the revised/changed text so that the marker can quickly see this.

Resubmission 1 General Comments/Evaluation (and please detail any required Minor Amendments if following a Major Amendment)