



PG Cert
Professional Practice in
Mental Health Law
(Trainee MPAC)

Trainee Handbook
Cohort 1

Programme Administrator: MHWP@exeter.ac.uk

ELE Homepage: [Course: Cohort 01 PG Cert Prof. Practice in Mental Health Law \(exeter.ac.uk\)](#)

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How to use this handbook

Ensure you have used the course Part 1 'Quick Start and How-to Guide' to get up and running for Day 1. This handbook then provides all the detail you need to know about the course, teaching, assessments, submission and relevant policies.

This handbook is split into two parts:

- **Part 1:** Short, quick-access and concise guidance – find the things you need to know quickly and 'at a glance' (pages 1-11).
- **Part 2:** Appendices giving full details, policies, marking schemes etc (pages 12 onwards)

Protection of dignity at work and study

The University of Exeter aims to create a working and learning environment that respects the dignity and rights of all staff and students and where individuals have the opportunity to realise their full potential.

We aim to create an environment and culture in which bullying, and harassment are known to be unacceptable and where individuals have the confidence to deal with harassment without fear of ridicule or reprisal.

The University will not tolerate any form of harassment or bullying and is committed to ensuring that staff and students are able to work and study without fear of victimisation.

The University regards any incident of harassment or bullying as a serious matter and will respond promptly and sensitively to formal complaints, and where appropriate take disciplinary action. Additionally, staff and students will be encouraged to resolve concerns informally through a network of trained [Dignity and Respect Advisors](#).







For more information please see: <http://www.exeter.ac.uk/staff/equality/dignity/policy/>.

Part 1 - Quick Reference Guide

Course contacts

Please contact the programme team at any time with queries by email.

- **Personal tutors** will have up-to-date knowledge of progress and any taught components
- **The programme administrator** will be able to answer information about course procedures and protocols, e.g. attendance, submission, mitigations etc

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Communication

For day-to-day communication, including results notifications, we use trainees' University of Exeter email addresses, so **it is essential that trainees check this address regularly or set up forwarding** to their main email address. **Trainees: please ensure you use your university email to contact tutors and programme team members**, rather than your service or personal accounts.

Course overview

The course has been designed in line with national competency frameworks and guidance for the Approved Clinician role. A national curriculum is also currently under development.

The programme aims to help you develop specialist knowledge in mental health law and apply that knowledge in to practice relevant to trainee Multi Professional Approved Clinician roles. It will be particularly relevant if you are a registered psychologist, first level nurse whose practice field is mental health or learning disability, an Occupational Therapist or a registered Social Worker and you are interested in becoming an Approved Clinician for the purposes of the Mental Health Act 1983. The programme is therefore designed to support you to develop the knowledge and competencies needed to acquire if you wish to work towards approval as an Approved Clinician.

The programme aims to support you to develop a comprehensive knowledge and understanding of the MPAC role, legal responsibilities and key functions of an Approved Clinician and the Responsible Clinician including an applied knowledge of mental health legislation, related codes of practice and national and local policy and guidance. The programme will enable you to identify your learning needs, develop reflective skills and draw on work-based experience and training to demonstrate knowledge and competencies for the Approved Clinician role.

To achieve this, trainees must also be shadowing, observing, practising and working under competent supervision and mentorship of a fully trained Approved / Responsible Clinician within an NHS service.

Key facts about the course

- The course is delivered **at postgraduate level** as a PGCert. Teaching, assessments and the pass mark for clinical assessments are the same at PGCert, the pass mark for all assessments is 50%. All assessments must be passed for the award to be given.
- Trainees must also be **shadowing, observing, undertaking in-service clinical skills development** and working under supervision by a fully trained Approved Clinician within an NHS service.
- The course consists of **2 modules**, across 14 taught days (some delivered as half days) (teaching underpinning knowledge), 9 Action Learning Sets (reflective practice, problem-based learning etc) and 3 individual tutorials. All trainees will need to make additional time private study, for example for assessment preparation, further reading etc.
- **Teaching locations:** Locations for each taught session are detailed on the Timetable. Some of the sessions will take place face to face in the Washington Singer Building at the University of Exeter. Others will be being delivered remotely on MS Teams. Action Learning Sets may take place in regional hubs, depending on group preference.
- **ELE:** All timetables, day schedules, course materials and resources are on the course intranet ELE page [Course: Cohort 01 PGCert Prof. Practice in Mental Health Law \(exeter.ac.uk\)](#). Each trainee has a unique log in to this protected area.

- **Attendance & absence:** Attendance is expected to be 100%. All training activity is monitored and logged. Any absences are noted to the trainee's service. For the sake of clarity, this means that all scheduled activities should be undertaken at the times specified in the timetable. **If any trainee cannot attend or undertake the activities at these times, they MUST send an email to the Programme Administrator on MHWP@exeter.ac.uk**. In some cases, a 'catch up' option may be agreed, but if this is not possible then an absence will be noted, and the trainee's service will be notified. **If a trainee's attendance drops below 80%**, for example through illness or adverse circumstances, **the trainee may not be able to continue training, may not be awarded their qualification or may be required to undertake incomplete modules again.** If illness or unexpected circumstances affect a trainee's ability to engage with the course at the present time, the option of interrupting studies (suspending studies and then resuming at a later date may be available.
- **Timekeeping and attention:** Timekeeping and attention on the programme is expected to be as rigorous as at the workplace. Timekeeping is monitored and any recurrent lapses are notified to the trainee's workplace supervisor. Similarly, trainees' full attention and engagement in the teaching and associated activities is expected, just as in the workplace. Any recurrent lack of engagement will be notified to the service supervisor and may result in ceasing the programme place.
- **Support, study support, accessibility and wellbeing:** All trainees are allocated a personal academic tutor to provide support for personal or service issues that arise and impact a trainee's ability to attend or engage, and as main point of contact for their service supervisor. In addition, all trainees can access the University's study skills support, AccessAbility team, IT support and Wellbeing services. **Trainees who may need an Individual Learning Plan (ILP) to support their learning due to physical or learning needs or other additional needs are advised to contact the AccessAbility team as soon as possible**, preferably prior to starting the course, as there are many adjustments (including extensions to deadlines and extended examination times) that the teaching team can make, but only where there is a documented ILP in place advising such.
- **Liaison with managers/supervisors/clinical leads:** Academic tutors discuss marks, performance, and any difficulties with service supervisors/clinical leads. Feedback calls to service supervisors are offered to discuss their trainee's course performance to date, give details of upcoming modules/assessments and to offer clarification on any aspect of the course as needed. Service supervisors may contact a trainee's personal tutor or any member of the programme team at any time to discuss course requirements or trainees' needs.
- **Professional practice:** All trainees must always seek to act within the Codes of Practice and Professional Conduct as defined by their service and a professional and/or accreditation body. Trainees must maintain their professional registration for the duration of the programmes.
- **Confidentiality:** Trainees must always ensure that, when discussing or describing their work and their personal response to their work, that they protect patient, colleague and family and friends' confidentiality by not revealing information that could identify an individual in **any way**. The only exception is if they have concerns relating to the safety of a cohort peer or risk of harm to others. In such exceptions they should discuss with the teaching team to whom information should be disclosed and to what extent.

Course content, and assessment processes

- There are 2 modules
 - Module 1 - Mental Health Law: Unpinning knowledge and Context
 - Module 2 - Trainee Approved Clinician Practice
- To pass the course trainees must pass all the assessments and have a minimum of 80% attendance. All assessments must be passed with a mark of at least 50% for the PGCert award. The supervision and Mentoring Log for Module 2 must be signed by in-service supervisors and mentors (Pass or Fail).
- Trainees must also complete practice in an NHS setting related to Trainee Approved Clinician Practice throughout the programme. In addition, trainees will receive regular supervision and mentoring in their service.
- *Two attempts for each assessment are allowed.* Second attempts are capped at the pass mark. The overall mark for the module is also capped at the bare (50%) pass mark. Failure of a second attempt at an assessment (less than 50%) results in termination from the programme. Under such circumstances training cannot be completed and no academic credit is awarded for any modules with individual assessments failed.
- *Assessment submissions and late or non-submissions:* All work must be submitted on time through the procedures specified and according to the Cohort timetable. Late submissions of first attempts within an hour of the deadline will be docked 5 percent from the mark. Late submissions (up to 24 hours) are capped at the pass mark; submissions beyond 24 hours are considered non-submissions and therefore score 0 and the whole module is capped at the pass mark (50%). For second attempts there is no 1 hour or 24 hour grace period; submitting beyond the assessment deadline will result in a fail mark being recorded (and also results in a failure of the course). Extensions cannot be granted except by Mitigation. Any trainee experiencing difficulties with submitting work on time should speak to their personal tutor as soon as possible.
- *Adverse circumstances, Mitigation, and Interruption:* If a trainee is unable to submit an assignment of appropriate quality within the deadline due to short term circumstances beyond their control (e.g., short term illness, difficulties with caseloads etc) they may request Mitigation by submitting a mitigation request via the form on ELE. The Mitigation Committee reviews the request and decides whether to grant mitigation, such as an extension. If a trainee experiences longer term circumstances that impact severely on their ability to engage with the programme it may be possible to Interrupt, i.e., to pause studies and resume them again at a later date. In all cases trainees and/or supervisors are advised to speak to their course tutor if experiencing difficulties.
- *Marking turnaround and results:* The turnaround time for marking of academic work is 3 weeks. Results are sent out via email to the trainee's University email account and copied to designated service supervisors / mentors.

Module 1: - Mental Health Law: Unpinning knowledge and Context

Module aims: This module covers the knowledge and competencies to allow you to develop a critical understanding of mental health law and the role of the Approved Clinician. You will be able to provide a written explanation and assessment of your current knowledge and skills and be able to explain how such knowledge and skills are important in the context of your employment and any future Approved Clinician role you may choose to seek approval for. You will be able to provide evidence of your critical reflection both upon your pre-existing knowledge and areas for further development and upon the learning activities undertaken during the module. The programme will provide unpinning knowledge and support skill development in relation to the multi-disciplinary Approved Clinician framework and competencies:

1. Comprehensive understanding of the AC role, legal responsibilities and key functions of the AC and RC role
2. Applied knowledge of legal and policy framework/codes of practice/ NICE guidelines
3. Assessment
4. Treatment
5. Care Planning
6. Clinical Leadership & MDT working
7. Equality and Diversity
8. Communication

Key topics

- Course University Induction
- Introductions and becoming an AC
- Overall legal framework
- Key statutory terms and personnel
- Holding powers and RC power of discharge
- Renewal of civil sections, Extension of CTOs, S17 Leave of Absence, 'longer term' leave
- Community Treatment Orders
- Report writing and Communication (I)
- Equality and Diversity

Learning Activities and Teaching Methods:

The module will be made up of 10 workshops (7.5 days of theoretical teaching, skills practice in intensive workshops covering):

- Course University Induction
- Introductions and becoming an AC
- Overall legal framework
- Key statutory terms and personnel
- Holding powers and RC power of discharge
- Renewal of civil sections, Extension of CTOs, S17 Leave of Absence, 'longer term' leave
- Community Treatment Orders
- Report writing and Communication
- Equality and Diversity

In addition to Approved Clinician Practice / development: Trainees will be required to carry out regular shadowing and supervision with an AC/RC supervisor, permitting additional clinical time to ensure capacity is created for this without impacting on clinical delivery of services.

Module Assessments:

Assessment Name	Type	Overview	Submission Date
Learning Needs Plan written submission (1500 words)	Formative	This Learning Proposal has a number of key aims: <ul style="list-style-type: none">• To support you to reflect upon your existing knowledge and experience in relation to the AC/RC competencies• To reflect on the key organisational needs in relation to your trainee MPAC role• To identify specific aims and desired outcomes from the programme / your traineeship• To develop specific plans to achieve these	8/7/22
Learning Needs Plan discussion	Formative	Discussion of plan in individual tutorial and tutor sign off	July 2022
Training Reflective Log (3000 words)	Summative	A record and evidence of CPD activities undertaken including evidence of attendance and information gathered. To include a reflective commentary evaluating the learning activities undertaken and how the knowledge and skills developed on the module have been used in the workplace and for personal and professional development. Your reflective log should also include a copy of your own learning proposal.	4/7/23
A 360-degree appraisal and reflective report (2000 words)	Summative	The reflection should consider the outcome of the 360 Appraisal and how such skills will be transferable to your future AC / RC role. Feedback should also be collated from patients and / or carers with whom you have worked. As a minimum to include immediate line manager/supervisor, multi-disciplinary team colleagues, an AC and, if practicable, a service user, carer or advocate (IMHA).	20/06/23

Module 2: Trainee Approved Clinician Practice

Module Aims: This module builds on the underpinning knowledge and skills for approved clinician practice (module 1). The module will support skill development and reflective practice in relation to the multi-disciplinary Approved Clinician framework and competencies. As part of this module, you will be developing your trainee approved clinician practice in your service setting and receiving regular supervision and mentoring from an Approved Clinician in that setting. This module will allow you to develop a reflective understanding of mental health law and support your development of the application of this understanding into practice via the role of the trainee Approved Clinician. You will be able to provide a written explanation and assessment of your current knowledge and skills and be able to explain how such knowledge and skills are important in the context of your employment and any future Approved Clinician role you may choose to seek approval for. You will be able to provide evidence of your critical reflection both upon your pre-existing knowledge and areas for further development and upon the learning activities undertaken during the module.

Key topics covered and learning activities:

- 1.5 days of workshops on the preparation of the Approved Clinician portfolio
- Nine group Action Learning Sets to support the development of your competencies, build your reflective practice skills and support preparation for your portfolio submission
- One day of mock tribunals (formative assessment) to follow submission of your statutory MHT report
- 1 day programme ending workshop
- Practice, supervision and mentoring within service

Module Assessments:

Assessment Name	Type	Overview	Submission Date
Mock Tribunal Role Play	Formative	Mock Tribunal role play day: post submission of the assessed MHT statutory report where you will discuss and be questioned about your report and make the case for detention in a format similar to a mock tribunal.	24/4/23
A statutory report (4000 words)	Summative	A Statutory Report (completed as if you are the RC) in relation to anonymised/hypothetical case studies (e.g., a First Tier Tribunal, Managers hearing which you have prepared. The statutory reports may be hypothetical (i.e., they may have been prepared solely for the purposes of the AC application and as though for a statutory purpose), but must be based on your actual personal contact with a patient.	7/2/23
Reflective case commentary (2000 words)	Summative	Anonymised, <i>concise</i> , case commentary relating to your involvement in the care of a detained patient, which should demonstrate your awareness, understanding and reflection on key areas of applied AC competence, and the guiding principles of the Code of Practice. These commentaries could relate to the same cases as the statutory reports.	23/5/23S
Supervision and Mentoring Log (3000 words)	Summative	Supervision and Mentoring Log providing a reflective log of service-based supervision and mentoring throughout the programme	4/7/23

Summary of Supervision and Mentoring:

Supervision and Mentoring arrangements may differ for individual trainees depending on their Trust / service policy. Where possible, it is recommended that throughout the programme each trainee MPAC receives:

- Regular supervision with their line manager and AC colleagues / supervisors as appropriate.
- It is recommended that clinical supervision occurs ideally on a weekly or fortnightly basis.
- Monthly mentoring from a Strategic Lead or qualified Multi-Professional Approved Clinicians to:
 - support Trainee MPAC's overall development
 - provide specific guidance viz competency framework and portfolio development
 - discuss ethical issues for MPACs; address any specific mentoring needs arising from supervision.

	Supervision (Managerial & Clinical)	Additional mentoring from MPACs
Aims:	<p><i>Line Management</i></p> <ul style="list-style-type: none"> ▪ General wellbeing. ▪ Team & service dynamics. ▪ Unpacking the new role & clinical complexities. ▪ Links to appraisal process. <p><i>Clinical supervision</i></p> <ul style="list-style-type: none"> ▪ General learning needs: review of past week & plans for the week ahead. ▪ Discussion of individual cases, involving the management of significant risk and/or complexity. ▪ Clinical application of MHA, MCA, case law and related guidance. <p><i>Shadowing/Mentoring opportunities</i></p> <ul style="list-style-type: none"> ▪ MDT Leadership. ▪ Clinical reviews, including Section 17 leave & discharge planning. ▪ MCA, including capacity assessments. ▪ Consent to treatment & SOAD referrals. ▪ Co-authoring RC reports and MHT attendance. ▪ Initiating CTOs/Guardianship. 	<ul style="list-style-type: none"> ▪ Supports overall development, including maintaining progress and goals setting. ▪ Specific guidance, in relation to compiling evidence and the competency framework: <ul style="list-style-type: none"> ▪ 8 main domains ▪ Specific competencies ▪ Comparing and contrasting evidence, towards the overall portfolio development. ▪ Discussion of MPAC perspectives. ▪ Discussion of ethical issues. ▪ Any specific mentoring needs, arising from supervision.
Who?	Line manager / clinical supervisor.	Strategic Lead for MPACs or qualified MPAC
Set up:	Individual supervision, ideally on a weekly or fortnightly basis.	Individual mentoring, on a monthly basis.

Part II: Appendices: Further Information:

Appendix 1: Timetable, locations and teaching and learning methods

The cohort timetable, available on ELE, details the content and locations for each of the taught days, Action Learning Sets and Tutorials.

[PYCcohort01pgcertppimhl: Timetable \(exeter.ac.uk\)](#)

Locations

All on site sessions will take place in Washington Singer room 025, with exception of the Portfolio workshop which will take place in 026. Online sessions will take place on MS Teams. Some of the Action Learning sets may take place in local hubs are desired.

Teaching and learning methods

The course is taught across:

- University Induction (online as per timetable)
- 11 workshops (5 days of which need to be attended face to face as per timetable)
- 9 actions learning sets (first day face to face in Exeter, the rest can be conducted online or in a suitable venue in your geographical area as per timetable)
- 1.5 days of portfolio workshop (first day face to face followed by half day online as per timetable)
- One day of mock tribunals (formative assessment day) (face to face in Exeter as per timetable)
- 3 x individual tutorials (online as per timetable)
- Additional private study is needed for assignment preparation, revision, further reading etc. Across the course a number of key teaching and learning methods are used following a declarative, procedural, reflective model of learning (Bennet-Levy, 2006).

Together these methods allow the trainee to:

- acquire theoretical understanding of mental health law and its clinical application in relation to the trainee MPAC role.
- learn techniques and procedures for applying this knowledge effectively in clinical settings in a patient-centred way
- develop effective reflective capacity on their own knowledge, practice and biases as a trainee MPAC so they are able to continue developing as a practitioner long after the course has ended

These methods are:

- Lectures
- Small group working
- Action Learning Sets
- Individual Tutorials
- Guided and independent study through a number of independent or peer-group tasks such as reading literature, working through online tutorials and resources, role-playing, self-reflection, reviewing service procedures and policies, etc

In addition, trainees are expected to implement their learning directly into their in-service clinical practice and receive supervision and mentoring in their workplace.

Appendix 2: Individual Tutorials

Each Trainee will be allocated an individual Academic Personal Tutor. Each trainee will have 1 x half hour tutorial per term as indicated in the timetable.

If trainees have any concerns or issues that may be impacting on their ability to participate fully in the training or causing them any distress or concern; trainees are strongly encouraged to notify either their tutor or any member of the course team as soon as possible, rather than wait for their 1:1 tutorial.

Purpose

- Opportunity to review and reflect on your development and the course
- Opportunity to give and receive feedback on assessed work.
- Opportunity to give and receive feedback on the course.
- To review your portfolio.
- A safe environment for addressing personal development.

Preparation

Trainees are required to bring up to date forms each term for their individual tutorials, to include where appropriate:

- Supervision Logs
- Teaching Log
- Action Learning Set Logs
- Supervisors Reports

Appendix 3: Action Based Learning Sets

What are Action Based Learning Sets?

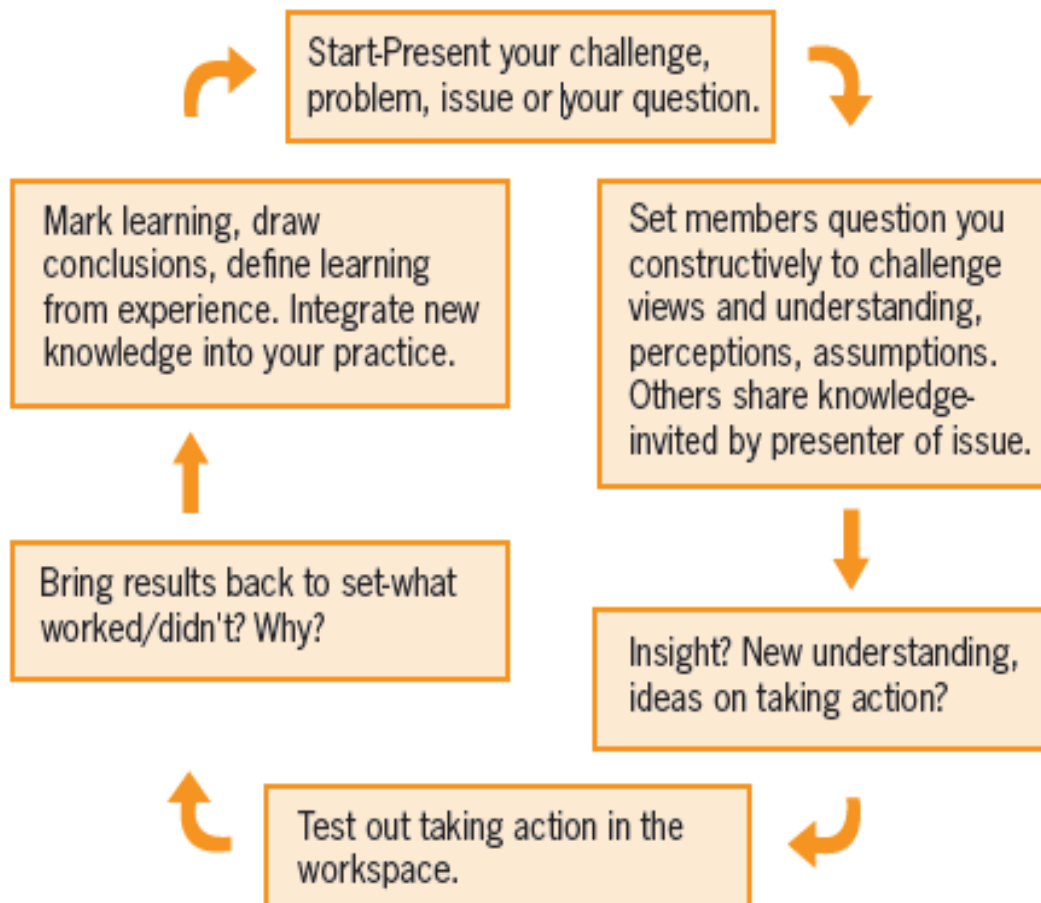
Action learning is based upon the concept of learning by reflection (or reviewing) on an experience. It is underpinned by the cycle of experiential learning as shown below, where the stages of reviewing and concluding are worked through with the Set.

In practice many of us tend to short circuit this cycle and often skip the reviewing phase as it is often difficult to do out of context. Action learning will help 'close the loop' and ensure our learning is as effective as possible. Action Learning Sets are primarily focused on the individual's learning.

Action Learning is one of the methods of effective programmes used to help participants apply learning. It is a form of "Experiential Learning" - the process of making meaning from direct experience"

The Process:

The Action Learning process is a cyclical one, giving each member the opportunity to present a problem and comment on others:



Action Learning works best when a 'Set' of individuals are put together as a support group for the duration of the learning activity. These Sets are made up of between six and eight people who meet together regularly over a reasonable time period and 'present' and collectively work on problems faced in ongoing practice.

Action learning is a structured mechanism for working in small groups to address complicated issues. This tool is especially geared to learning and personal development. The group will then help the 'presenter' work on that problem through supportive but challenging questioning: encouraging a deeper understanding of the issues involved, utilising a reflective reassessment of the 'problem', and an exploration of ways forward.

Action learning sets are particularly appropriate for those working with complexity at a more senior level. The most common applications fall into two categories:

- A clinical piece of work, in which the action learning set presenter is involved and is able to influence the outcomes by their actions.
- An issue that concerns how the member of the set operates in the work context (e.g. creating partnerships), one which they wish to improve, and which could benefit from the support and challenging of the other set members.

The Set will decide on its own way of working but will involve two individual time slots per meeting, where participants take turns in presenting their project/ challenge/ issue to the set. This will normally involve:

- a presentation of current issues/problems
- a discussion with the set about these issues
- an agreement on actions for the future.

Preparing for a meeting

Before the meeting it will help to get the best out of the session if participants can think through what to focus on during their presentation with their clinical supervisor/manager. These goals should then be shared with the ABL facilitator, via email, prior to the ABL set running. The set may be somewhere that participants can 'experiment' with different behaviours such as consciously asking more questions than usual or being more reflective if they are usually very talkative.

Presenters should:

- prepare for meetings
- structure their time
- be clear about what they want – or want the set to – focus on
- learn to ask for what they want
- listen
- generate action points for them self.

Structuring your time

A presenter may wish to concentrate on a particular aspect of their clinical work that s/he thinks the set can really help with. This gives a depth of focus which may be a more appropriate use of time than an overview.

Alternatively, the presenter may wish to ask the set to talk about a particular problem and s/he will listen and only ask for clarification at the end of an agreed time. This is helpful if the presenter is stuck for ideas to take the work forward.

The reverse of this is where the audience remains silent and the presenter talks through the project. A listening, attentive audience may help the presenter to clarify things for her/himself.

At the end of each participant's time slot it is useful for the presenter to review with the set the process by which the action points have been identified. S/he might ask for feedback on how s/he presented the project or might give the set feedback on what was helpful or unhelpful about the set's interventions. This can also be done by the whole set near to the end of the meeting. It helps the set to develop a supportive learning climate to work in.

A Typical Meeting

A typical meeting might follow this format:

- Introduction – Confirmation of programme for the meeting (10 minutes)
- In agreed order, two people in the Set:
 - 25-minute presentation of current 'state of play'/ position (could include use of video recorded session)
 - 15 minutes of exploratory questions from the Set to help the presenter think through the issue
 - 10-minute presentation to the Set, summarizing the discussion and setting the action plan.
- Closing session – time taken for the whole group to finish the meeting rather than drift off at the end. Would include an element of evaluation – what will we do differently next time (10 minutes)

Benefits

Action Learning is a powerful approach for working on difficult problems in clinical practice and helps set standards for good practice in organisational learning. It focuses on developing skill sets not just knowledge.

The following are some of its most relevant benefits:

- it offers participants an opportunity for personal development;

- it improves problem solving, as well as questioning and listening skills;
- it helps participants tackle complex tasks; and
- it allows participants to learn from other organisations
- members are usually facing similar challenges.

Key points

ALs should focus on real-life practice-related problems, especially those which are open-ended in nature and do not have a right or wrong answer.

The ground rules for action learning sets should include:

- being honest with oneself and others;
- maintain confidentiality;
- respecting others and their viewpoint; and
- taking responsibility for our own actions.

The Action Based Learning Facilitator helps the group to work and learn together. Although Action Learning is flexible, it is not unstructured and focuses on the individual and their need NOT on the programme.

Appendix 4: Reflective Practice

Reflective practice will be a key skill for you to further develop as part of the programme and as you prepare to submit your portfolio. The use of the experiential learning model may help with this, which is utilised within ABLs. The four-stage experiential learning model (Kolb, 1984; Lewin 1946) in Bennett-Levy *et al.* (2004, p. 19) is the most widely used model in adult education (see fig. 1).

Figure 1. Experiential Learning Cycle (Bennett-Levy *et al.* 2004)



Effective learning is said to proceed through a series of these cycles.

EXPERIENCE: Description of the relevant concrete experience within your practice e.g. client / family and therapist behaviour, verbal communications and events.

OBSERVE: Observations of therapist reactions, automatic thoughts, emotions and impulses (where relevant).

REFLECT: Making sense of what happened by:

- Relating it to previous experience and knowledge
- Searching for understanding
- Generalising, abstracting principles
- Fit with the formulation

PLAN: With the new understanding, how can I take this forward?

Reflective Practice will be assessed throughout the course (see separate assessment marking criteria) in a number of key ways:

- 360 degree appraisal report
- Case commentary
- Supervision logs
- Reflective teaching logs
- Reflective logs following each Action Based Learning Set. Use these diary entries/logs to reflect on the experience of the ABL and of applying learning to practice.

Appendix 5: Supervision and Mentoring

Specific Role of the Line Manager:

The line manager will provide supervision regularly, ideally on a monthly basis but this may be more frequent depending on individual trainee and service need

The line manager will be expected to facilitate some of the shadowing opportunities. This will enable the Trainee MPACs to become familiar with issues as diverse as Section 17 leave, renewal/discharge from section, consent to treatment, CTOs / Guardianship, part III MHA.

Whilst on placement with the line manager – and after the line manager has known the Trainee MPAC for at least three months – there will be an expectation that individual pieces of work will be signed off by the line manager.

The role of the Clinical Supervisor

The role of the trainee's clinical supervisor is paramount as trainees cannot pass the course without shadowing, observing, practising and working under competent supervision by a fully Approved Clinician within a fully functioning NHS service.

A clinical supervisor provides general support but also monitors, develops and assesses the trainee's AC/RC knowledge and skills through a variety of methods. These could include role-play; questioning and answering, direct observation/shadowing of a trainee's assessment, treatment sessions and practice; reviewing a trainee's assessment submissions against the marking schemes; providing supervision; reviewing trainee reflections and case studies and so on.

Specific duties of the Clinical Supervisor

The below list is not exhaustive, but identifies the key roles and actions of the clinical supervisor:

- Be familiar with the course structure, timetable, key competencies, assessment dates and marking schemes and liaise with programme materials and academic staff as much as necessary to fill any gaps in current knowledge.
- Facilitate ongoing opportunities and experience for the trainee to develop appropriate competence in AC/RC skills. Opportunities may be through role-play or actual patient contact as appropriate to trainees' developing skills.
- Monitor and adjust trainee's caseloads to ensure clinical safety and efficacy. This could include pacing or reducing a trainee's caseload so it does not build too rapidly, reallocating away patients with presentations beyond the trainee's current competency, and reallocating to the trainee suitable patients from other caseloads or waiting lists so that trainees can develop skills with appropriate patients and meet clinical assessment requirements.
- Facilitate, monitor and develop trainee skills in supervision in line with the programme and service guidelines.

- Practice-mark / read draft assessments against the marking schemes, to identify strengths, weaknesses and the key areas of development needed to meet the required competencies.
- Ensure the trainee has opportunity to meet their competencies for each module within the time period of that module.
- Where necessary raise issues around a trainee's progress with appropriate members of staff, both within the service and the University.
- Monitor through supervision the trainee's development of MPAC competencies.

How closely will you be supervised?

It is preferable, but not essential, for your line manager to be on-site as there are likely to be more options to take advantage of en-vivo learning opportunities if the line manager is on-site. This should not affect the quality of the supervision overall. There are several supervision levels you may experience throughout the training programme:

Supervision level 1: relates to opportunities where Trainee MPACs should only observe.

Supervision level 2: relates to where the Trainee MPACs can practice with direct supervision.

Supervision level 3: relates to where the Trainee MPACs are trusted to practice with indirect supervision. For aspects of practice where guidance is necessary, this can be provided to the Trainee MPACs from another setting.

Supervision level 4: relates to where the Trainee MPACs are trusted to practice autonomously and unsupervised, within the anticipated scope of practice and delegated authority.

Specific Roles of the Mentor:

Dedicated additional mentoring, by at least one named AC/RC mentor, should be available on a monthly basis, in order to provide a focus upon goal setting, the overall development towards AC approval and more specific advice about portfolio submission/completion (for the Trainee MPAC).

Your mentor will provide guidance and supervision, whilst enabling you to actively shadow RC functions. Ultimately a mentor is required to testify as to an applicant's capability to execute requisite RC decisions and to judge whether an applicant has demonstrated a satisfactory level of AC competency.

Trainee MPACs undertaking shadowing should familiarise themselves with the sequence of work undertaken by the RC. This will include participating in RC decision making and being actively observed by AC / RC mentors. Ultimately a mentor is required to testify as to an applicant's capability to execute the prerequisite RC decisions; it is also vital to judge whether an applicant has demonstrated sufficient competence as an AC, plus whether they appear to have met the evidential requirements in relation to the given competency/competencies

Trainee MPAC Practice / Shadowing Requirements:

When the MHA amendments were enacted in November 2008, the former RMO role was replaced by the RC role. As previously alluded to, a broader range of professionals became eligible for approval. Irrespective of their professional backgrounds, RCs are required to undertake the majority of the

functions previously performed by RMOs. Trainee MPACs are not in a position to undertake ultimate clinical (consultant level) responsibility until such time as they have attained AC approval *and* are supported by DPT within their first year of deployment (towards assume greater autonomy).

That notwithstanding, all Trainee MPACs must demonstrate their ability to execute the key functions of a RC - within the 8 competency domains - towards achieving AC approval. All ACs must work within the remit of their own professional competency. This is because RCs can only authorise decisions for which they are suitably qualified. Accordingly, the Trainee MPAC's submitted evidence must demonstrate a clear understanding as to the competency boundaries of their own profession.

All Trainee MPACs must demonstrate an ability to formulate, review and appropriately lead on treatment options; this is within the remit of their own professional competency and within the context of a multi-disciplinary team. Trainee MPACs may choose to submit evidence of having considered potential cross-professional issues and conflicts. For example a consideration of the respective responsibilities and authority of the designated RC as compared to that of a responsible AC in charge of treatment. Although a non-prescribing RC may not have direct professional competence to prescribe or change medication, they hold ultimate responsibility for the care of the patient as the RC. In such circumstances where the AC in charge of a particular treatment is not the patient's RC, the AC in charge of treatment must ensure that the RC is kept informed about considered treatment options, and that treatment decisions are fully discussed with the RC within the context of the patient's overall care.

To enhance knowledge and experiential learning it is advantageous for Trainee MPACs to receive shadowing support from more than one mentor. Specifically having access to an AC / RC mentor from a different professional background will consolidate applied understanding of MDT relationships. In some cases, applied learning may otherwise have proved difficult to demonstrate. For non-prescribers it can be highly instructive to shadow an AC / RC mentor who are qualified medical doctors or nurse prescribers. The aim of widening professional perspectives may also assist medical applicant's e.g., understanding formulations in relation to psychological or social care needs.

The relative seniority of many applicants, irrespective of professional background, should ensure a high degree of existing competency in assessment. However, evidence of shadowing Approved Mental Health Professionals and working with Section 12 doctors (including RCs conducting CTO assessments) may also be helpful for many Trainee MPACs.

Such shadowing can be of value for Trainee MPACs, who may not have had substantial or any direct experience of engaging in community-based MHA assessments. This exposure may help consolidate the Trainee MPAC's understanding of the legal criteria for detention and of the emotional / social impact of admission into hospital under compulsion. Such experiential opportunities may also enhance applied understanding of legal criteria and the statutory basis for making decisions reserved for RCs e.g. Section 20 renewal of detention, Section 5(2) holding powers and the use of CTO statutory powers in the community.

Appendix 6: Passing or failing the course and Appeals

Passing the course and final awards

Trainees must pass all module assessments to pass a module and both modules to pass the course. Attendance must be no less than 80%. Final awards are calculated on an average of the module marks by adding the overall marks from each module and dividing by 2 and are as follows:

PGCert awards

Qualifies for Distinction award	A final credit-weighted mark greater than or equal to 69.50% or A final credit-weighted mark greater than or equal to 68.00% and modules to the value of at least 50% with a module mark greater than or equal to 70%
Qualifies for Merit award	A final credit-weighted mark greater than or equal to 59.50% or A final credit-weighted mark greater than or equal to 58.00% and modules to the value of at least 50% with a module mark greater than or equal to 60%
Overall pass mark	A final credit-weighted mark greater than or equal to 50.00%

Receiving certificates

All final marks are ratified by the exam board before certificates can be issued. Once the exam board ratification has occurred, certificates will be sent to the trainee's home address, as recorded on the University of Exeter Student Record System. This process may take 2 – 3 months after final marks are awarded. Trainees should ensure that any changes of address are notified to the University.

Graduation

As a student at the University of Exeter, all trainees that pass the course will be invited to attend one of the University's graduation days. Trainees will be notified of the dates and invited via email to their University of Exeter email address. Two ceremonies take place a year, one in the summer and one in the winter, however, please note that your graduation ceremony may not be the one closest to the end of your course, so check with the programme administrators before making any advance bookings.

Failing the course

Trainees must pass all assignments in a module to pass the module, and both modules to pass the course. If a trainee fails a first attempt at an assignment, they are allowed a second attempt. If a trainee submits a second attempt at an assessment late, fails to submit or the assignment is marked as a fail (less than 50%), then they fail the whole module and this therefore constitutes a programme fail.

Training ceases and registration on the course is ended. Programme failure may also affect service employment, as most trainee contracts are dependent on completing the course. Trainees should also note that Health Education England (HEE), which funds training places, have a national policy of not providing a second training place if a first place fails, so gaining a further HEE funded training MPAC post in the future is not usually possible in the event of a programme fail.

Appeals

All students of the University have the right of appeal against academic decisions and recommendations made by the Assessment, Progression and Awarding Committee (APAC) and Faculty Boards (or Deans acting on their behalf) that affect their academic progress. If considering an appeal, trainees are strongly advised to read the [Appeals page on the main University website](#). Trainees can also contact their academic tutor, the Programme Lead and the Course Administrator for further advice and guidance

Appendix 7: Assessment Submission methods

The table below offers an overview of the submission process, please see the text below for further details.

Assignment	Method of Submission	Required:
supervision and mentoring log, training reflective log	Submitted via Ebart by 1pm	<ul style="list-style-type: none"> completed and signed log by trainee, supervisor and mentor
Written Work (learning proposal, statutory report case commentary, 360 appraisal report)	Submitted via Ebart by 1pm Trainees MUST put their student number into the header or footer, but NOT their name (so it can be blind marked)	<ul style="list-style-type: none"> Word processed written work, e.g. .pdf Signed Coversheet pdf*²
<p>*¹ It is each trainee's responsibility to ensure they adhere to their service policies, so discuss this in advance of the submission deadline.</p> <p>*² Hand sign and scan these documents, or use the remote signing procedure as detailed in the main document above.</p> <p>*³ Submit the correct consent format dependant</p> <p>*⁴ Submit a scanned version of the original hard copy signed by trainee and supervisor, or use the remote signing procedure.</p>		

Submitting through Ebart

The link to submit assignments through Ebart is on the Assessments tile on ELE. Click on the appropriate link to go to the Ebart submission page. If trainees submit work and realise they have made a mistake, it is possible to correct it and re-upload another version unlimited times before the deadline.

Trainees should allow a good amount of time to upload work to Ebart prior to the deadline – IT Helpdesk suggest handing work in a minimum of three hours prior to deadlines so if something goes wrong there is time to speak to the IT helpdesk for assistance. **Computer failure/technical problems are not an acceptable reason for Mitigation.**

Passing an assessment and grade boundaries

For all academic assessments trainees following the PGCert award must pass with a mark of at least 50%. Marks below these levels will be deemed fails. For each assessment, two attempts are allowed. Pass marks are as follows:

- Academic assessments (PGCert): 50% and above
- Logs: Pass or Fail

Failing an assessment

Failing a first attempt

If a first attempt at an assessment fails, the following applies:

- Trainees can contact the teaching team for detailed feedback (this is strongly advised).
- A resubmission/resit date will be agreed usually within 4 weeks of receiving notification of results
- Marks will be capped at a maximum 50% for second attempts for academic assessments
- In addition, marks for the whole module will be capped at the bare pass mark.

Failing a second attempt

If a second attempt fails, the following applies:

- A second attempt fail constitutes a fail in the module and therefore overall fail of the programme. Registration as a trainee of the University is terminated. Dependent on service policy, this may also mean termination of the trainee's employment.

Late/non submissions

If trainees are experiencing difficulties in submitting assignments on time, they are strongly advised to speak to their personal tutor who will be able to offer support and discuss ways forward.

Penalties for late or non-submission without a valid mitigation are as follows:

First submissions

1. Late submission within 24 hours. If an assignment is submitted late but within an hour of the deadline 5% will be deducted. If an assignment is submitted up to 24 hours late without approved mitigation marks will be capped for this assignment at the bare pass mark (50% for academic assessments). Second attempts are still allowed if this attempt fails.
2. Late submission beyond 24 hours. Work submitted more than 24 hours beyond a submission date/time without approved mitigation will receive a mark of zero. Second attempts are still allowed. Marks for the whole module are capped at the bare pass mark.
3. Non submissions. These are marked at 0%. A second attempt is still allowed. Marks for the whole module are capped at the bare pass mark.

Second submissions

1. Late or non-submissions for second attempts without approved mitigation result in a mark of zero for the whole module and therefore a programme fail. There is no 1 hour or 24 hour grace period. Training is terminated and the trainee's University registration is ended. The trainee's service employment may also end, but this is dependent on their employment contract conditions.

Appendix 8: Formatting work

All written assessments (reports, reflective commentaries etc) should be word-processed with the following conventions:

- Use 1.5 line spacing on A4 paper.
- Use a font size of 12 pt.
- Use only Times New Roman, Arial or Calibri.
- Margins: 30mm on the left-hand side, 20mm on the right-hand side and 20mm for top/bottom margins.
- All pages (including appendices etc) should be numbered consecutively in one sequence starting with the title page as 1.
- Include the student number in the header but trainees should **NOT** include their name anywhere on the assignment, as this will prevent work being blind-marked.

Word count guidance

Please note that any words over the word count will not be marked.

The following content is **not** included in a final word count:

- Title
- Reference list
- Appendices
- Words used in tables, graphs and other forms of data presentation (including titles of figures)

The following content **is** included in a final word count:

- Main body of text
- In text quotations
- In text references
- Section headings
- Footnotes containing large amounts of text (unless indicated otherwise by module convenor)

Citing and referencing

We require in text citations and a reference list (not a bibliography).

Psychology has adopted the American Psychological Association (APA) conventions as the standard for citations and references. References must therefore be completed using the precise details for APA style. We use the standard of 'a publishable article' and expect citations and references to adhere to that standard. The information given here is based on the latest edition of the Publication Manual of the APA. We would encourage trainees to consult these guidelines and copies are kept in the library or can be obtained online at www.apastyle.org and links to online training are on ELE. There are many web sites providing summaries of the APA Style Guide (a Google search will identify these).

The main conventions are as follows:

Journal Articles

A typical citation would be (Ablon & Jones, 1999) and the reference would appear as:

Ablon, J. S., & Jones, E. E. (1999). Psychotherapy process in the national institute of mental health treatment of depression collaborative research program. *Journal of Consulting and Clinical Psychology, 67*, 6-7.

Another example would be:

Kasen, S., Cohen, P., Skodol, A. E., Johnson, J. G., Smailes, E., & Brook, J. S. (2001). Childhood depression and adult personality disorder - Alternative pathways of continuity. *Archives of General Psychiatry, 58*, 231-236.

Books

A typical citation would be (Bateman, Brown, & Pedder, 2000) and the reference would appear as:

Bateman, A., Brown, D., & Pedder, J. (2000). *An introduction to psychotherapy* (3rd ed.). London: Routledge.

Chapters in a Book

If you have read a chapter in an edited book you would put the following citation in the text: (Aveline, 2006). In the reference section you would list it as:

Aveline, M., Strauss, B., & Stiles, W. B. (2005). Psychotherapy research. In G. Gabbard, J. S. Beck, & J. Holmes (Eds.), *Oxford textbook of psychotherapy* (pp. 449-462). Oxford: Oxford University Press.

Citations in the Main Text

Citing in text means referring to author(s) with the dates (e.g., Eells, 1997) so that the reader can then go to the References and find them in more detail.

Eells, T. D. (1997). *Handbook of psychotherapy case formulation*. New York: Guilford Press.

Reference citations for two or more works within the same parentheses. List two or more works by different authors who are cited within the same parentheses in alphabetical order by the first author's surname. Separate the citations with semicolons. For example: Several studies (Balda, 1980; Kamil, 1988; Pepperberg & Funk, 1990). Exception: You may separate a major citation from other citations within parentheses by inserting a phrase such as see also, before the first of the remaining citations, which should be in alphabetical order. For example: (Minor, 2001; see also Adams, 1999; Storandt, 1997).

There are many different instances of citing and referencing (eg internet resources, personal communication, conference papers, case examples, and you are advised to consult the Publication Manual for these.

Appendix 9: Plagiarism and academic misconduct

Plagiarism and academic misconduct is a growing problem in all sectors of education, and the number of reported cases in UK universities has risen dramatically in recent years.

Plagiarism and academic or clinical misconduct are serious breaches of professional ethics. Trainees can fail the programme, be expelled from university or even be prevented from pursuing a career as a MPAC.

A brief introduction to academic integrity can be found here, [\(237\) Academic Integrity & Honesty - YouTube](#)

All trainees must complete the academic honesty quiz before submitting any assessments to the university, <https://vle.exeter.ac.uk/course/view.php?id=1971>

These links and further information are available on your programme ELE page, [Course: Cohort 01 PGCert Prof. Practice in Mental Health Law \(exeter.ac.uk\)](#)

Plagiarism and academic misconduct are defined as follows:

1. Unauthorised collusion, i.e. either aiding or obtaining aid from another candidate, or any other person, where such aid is not explicitly required and/or declared;
2. Acting dishonestly in any way, whether before, during or after an examination or other assessment so as to either obtain or offer to others an unfair advantage in that examination or assessment.
3. Deliberate plagiarism (see below for definition of plagiarism)
4. Misrepresentation of clinical practice (for example, in a case report or live patient recording)

Plagiarism

The act of presenting someone else's words or ideas, whether published or not, without proper acknowledgement is called plagiarism. There are three main types of plagiarism, which could occur within all modules of assessment:

1. Direct copying of text, or illustrations from a book, article, fellow trainee's essay, handout, thesis, web page or other source without proper acknowledgement. *NB: this can occur unintentionally by failing to use quote marks accurately when quoting from a source.*
2. Claiming individual ideas derived from a book, article etc as one's own, and incorporating them into one's work without acknowledging the source of those ideas. This includes paraphrasing a source, or altering the material taken from the source so it appears to be one's own work.
3. Overly depending on the work of one or more others without proper acknowledgement of the source, by constructing an essay, project etc by extracting large sections of text from another source, and merely linking these together with a few of one's own sentences.

Plagiarism and academic misconduct of any kind are highly serious, and there can be far reaching consequences.

In addition to ensuring you only ever submit your own work based on your own genuine clinical and theoretical practice we would strongly recommend you work through the online resource about [Understanding Plagiarism](#) on ELE to clarify the differences between academic honesty and plagiarism, and to identify ways in which you can directly or inadvertently plagiarise.

If you are in any doubt at all or are in anyway unsure how to submit work of clinical and academic honesty please contact your personal tutor.

4. The re-submission or re-use of the trainee's own work in another assignment whether this was submitted at the University of Exeter or any other academic institution worldwide. (This is not intended to prevent a student from developing an academic idea over the period of a course, for example stating an argument in an essay for a particular module and then developing this argument in a dissertation, but to prevent the counting of credit twice for the same piece of work. However, this operates at the discretion of the Panel considering the offence.)

Appendix 10: Mitigation and Interruption

Mitigation

If short term adverse circumstances in the workplace or in a trainee's personal life are impacting their ability to submit an assignment of appropriate quality on time, trainees may make a mitigation request for these circumstances to be taken into account and the type of consideration being requested, e.g. an extended deadline. Once the request is submitted, decisions are made by a Mitigation Committee which is separate from the teaching staff. Confidentiality rules apply, information will only be shared with the programme team if necessary and wherever possible this will be agreed with the trainee first.

Mitigation procedures

Applications for mitigation will not always be accepted and **we would encourage trainees to speak to their tutor prior to submitting a request**. This page gives examples of acceptable reasons for mitigation: <https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/annex-f/>

The process for Mitigation is as follows:

- 1. Speak to your tutor to discuss your concerns** (optional but encouraged)
- If you only require a one week extension, **check whether your submission has the option to mitigate for one week** without evidence (eBART submissions only) <https://bart.exeter.ac.uk/> If not, you will need to submit a mitigation request supported with evidence (see below steps).
- 3. Download the Mitigation forms from ELE** [Course: CEDAR PGT Handbook, Forms, Policies and Procedures \(exeter.ac.uk\)](#)
- 4. Complete and sign the mitigation request form and ask your workplace supervisor to complete and sign the supplementary evidence form (if mitigating on clinical / work-related grounds)**. NB: if waiting for a workplace supervisor to sign the form would cause a delay in submitting the form beyond the deadline outlined below, then trainees should submit the form with their section completed only, and follow up as soon as possible with their workplace supervisor's part. Supervisors may 'sign' by typing their name however they must also then send a duplicate copy of the mitigation form to CEDAR-mitigations@exeter.ac.uk as verification.
- 5. Submit your form any time before and no later than 24 hours after the submission deadline** of the assignment you wish to mitigate, by emailing CEDAR-mitigations@exeter.ac.uk (if supervisors are remote signing they must also email a copy of the completed form to this address). Requests submitted after this time will not be considered except in the most extreme of circumstances. You may optionally wish to submit work or attend an assessment as insurance in case your mitigation request is unsuccessful.
- 6. You may need to include evidence for your mitigation request**, if you are unable to provide the evidence at the time of submitting your form, you have up to 10 working days after the assignment deadline to provide this.
- 7. Your form and evidence will be reviewed by the Mitigation Committee** and their decision will be communicated via the Course Administrator

8. **If your mitigation request is accepted, a new submission deadline is agreed (or other consideration as indicated by the evidence).** Any work submitted that is no longer relevant will not be marked.
9. **If your mitigation request is late or rejected, any work you have submitted will be marked as usual.** If you have not submitted work, late and non-submission rules apply.

Further mitigation information is available on/in:

- Your programme ELE page, [Course: Cohort 01 PG Cert Prof. Practice in Mental Health Law \(exeter.ac.uk\)](https://www.exeter.ac.uk/course/cohort-01/pgcert-prof-practice-in-mental-health-law)
- The Cedar PGT Handbook, [Course: CEDAR PGT Handbook, Forms, Policies and Procedures \(exeter.ac.uk\)](https://www.exeter.ac.uk/course/cedar-pgt-handbook-forms-policies-and-procedures)
- The Teaching Quality Assurance (TQA) Handbook, [10 - Mitigation: Deadline extensions and deferrals - Teaching Quality Assurance Manual - University of Exeter](#)

Interruption

Whilst Mitigation is for short-term adverse circumstances, if a trainee is experiencing longer term (6-8 weeks or more) circumstances that make continuing with the course or submitting assessments of an appropriate quality difficult they may be able to Interrupt, i.e. pause their studies and resume again at a later date. Interruption is a more flexible process for longer term, ongoing difficult circumstances as trainees may request Interruption without knowing a specific date of their return. Interruption is generally for periods of between 2 months and 1 year, although in exceptional circumstances a second year may be agreed.

The process for Interruption is as follows:

1. Trainees should have an initial conversation with their personal tutor to see if Interruption is a practical option, and similarly with their service. Service protocols may differ from University procedures, so trainees should ensure this is a viable option with their service.
2. If Interruption is indicated, trainees should send an email to MHWP@exeter.ac.uk requesting Interruption. They will be contacted by the mitigation admin team and supported to fill out a brief form outlining reasons for the request. NB trainees do not have to disclose extensive details of their adverse circumstances, but enough information that those reviewing the request can make an appropriate decision. For example, if a trainee has been signed off sick by their doctor, they can state this but are not obliged to detail the nature of the illness. Trainees will be asked for a date they expect to return to work, however this date can be changed at any time as new information arises or circumstances change.
3. The request is forwarded to the Programme Lead and a member of the senior programme staff, who make a joint decision as to whether to agree Interruption.
4. If Interruption is agreed, training is suspended.
5. Nothing further occurs until the trainee is able to return to work. The preliminary date for return can be changed as circumstances resolve or continue. When the trainee is ready to return, the trainee's academic tutor and workplace supervisor liaise together with the trainee to agree a return schedule. If the trainee had not completed all taught days by the

time of Interruption, they will be able to join a future cohort at the same point in the timetable at which they Interrupted (or earlier by agreement). New deadlines for assignment submissions are agreed that take into account the time needed for the trainee to rebuild an appropriate caseload etc.

If any trainee is experiencing ongoing adverse circumstances that affect their ability to engage with the course and produce work of an appropriate quality, we would strongly advise a discussion with their academic tutor to find a supportive way forward.

Appendix 11: Further educational and emotional support

Emotional and wellbeing support

Any form of professional training is potentially stressful. We recognise that the three components of the course: University attendance, clinical practice and independent study may be difficult to balance, and the nature of the work itself can be very demanding.

Within the programme we hope to promote a mutually supportive atmosphere in which trainees feel able to share concerns and issues with one another, with the programme team and with clinical supervisors. However, we recognise that the programme team and supervisors cannot necessarily provide all the support that may be required.

Other sources of support:

- **Academic Personal Tutor:**

The academic personal tutor is there to support trainees if they begin to experience difficulties of any kind: personal, academic or otherwise that impact on their training. In the event of significant difficulties that may impede a trainee's ability to study, the personal academic tutor can liaise with the practice based clinical supervisor to discuss a supportive way forward. This can be far better than a trainee trying to 'keep going' when they are unable to produce work of an appropriate quality that may then result in an assignment or even programme fail.

- **Wellbeing Services**

The University Wellbeing Services offer free and confidential support for personal problems, emotional difficulties and difficulties with mental health, including 1-1 CBT and counselling as well as more general support, advice and signposting. It is available to all students of Exeter University including trainees. An initial telephone appointment is offered and from there an advisor will help work out the best route of support. Appointments are available by telephoning **01392 724381** or email wellbeing@exeter.ac.uk.

You can read more or book an appointment online here: <https://www.exeter.ac.uk/wellbeing/>

Support with additional learning needs, disabilities, and health conditions

The University AccessAbility team offers support to students with disabilities, physical or mental health conditions and learning or literacy difficulties – or any circumstance that may impact negatively on a trainee's ability to engage with study and meet assessment requirements. The service endeavours to provide facilities and equipment suited to people's individual needs www.exeter.ac.uk/accessability.

Following an assessment with the AccessAbility team, if recommendations are made to support the trainee with their learning these will be documented in an Individual Learning Plan (ILP) which programme staff can then use to make reasonable adjustments to the course or assessments. These could include a range of adjustments such as extra time in exams or separate rooms, course materials and lecture slides given out early or on coloured paper, additional time for academic assignments or anything else the team assess as appropriate. Without a documented ILP, the teaching team are unable to make any changes.

Any trainee who could benefit from an ILP is advised to contact the AccessAbility team as soon as possible – even before the course starts if adaptations could be helpful.

Library facilities and services

The main library facilities are at the University of Exeter Streatham Campus. The library catalogue, including access to electronic journals, and facilities for reserving and renewing books also available online www.exeter.ac.uk/library.

Library support is organised by subject, and this is the specific page for Psychology students: <https://libguides.exeter.ac.uk/psychology>. As well as access to all the Psychology texts, databases and resources the Library offers are highly helpful online tutorials, links and information, plus 1-1 support if needed around about the following:

- how (and where) to effectively search for articles, research, books and papers
- how to evaluate source materials and how to reference them
- how to understand different academic materials, eg statistics, reports, systematic reviews, policies, guidelines etc
- where to find statistics

Access to external libraries and inter-library loans

Trainees can also access other higher education libraries via SCONUL (an arrangement between many higher education institutions) and are entitled to Inter-Library Loans.

More information can be found on the University Library website at www.exeter.ac.uk/library, or direct from SCONUL- www.sconul.ac.uk/sconul-access.

Study Skills Service

The Study Skills Service offers confidential help to any student who would like to improve their study skills. The Study Skills Advisors can help with the following:

- reading effectively
- selecting reading from book lists
- planning and writing assignments or essays
- taking useful notes
- revising for exams
- organising your time
- generally evaluating your study skills

This service is available to all students of the University including trainees, who can and do consult the Study Skills Advisors. Help is available throughout each term and during part of each vacation - see www.exeter.ac.uk/student-engagement-skills.

This support can be highly beneficial for anyone, especially if a trainee has not worked at post-graduate level before.

Appendix 12: Confidentiality

Working within clinical services in Trainee MPAC roles necessarily involves working with patients around distressing, sensitive and difficult issues. As practitioners we are given the power to influence the lives of patients who may be very vulnerable and this requires a high degree of responsibility in respecting confidentiality and being fully aware of information governance. It is also a job that requires emotional resilience, self-awareness and self-care.

Patient confidentiality

The teaching team aim to facilitate an open learning environment in which information is shared appropriately and respectfully between staff, trainees and relevant others to enable trainees to develop and to ensure appropriate patient care.

When sharing information about patients or cases trainees and staff alike must do so:

- i. **in a manner most likely to protect the identity of the patients, both directly and indirectly.** This means not disclosing any directly identifying information, such as names, identifying details of their contact with the service e.g., dates/times, the name of the service, clinic or location they attended etc. In addition no details should be disclosed that are so specific about the patient or their family that they could pinpoint who the patient is. Examples are names of family members; GP; home, school or workplace locations; specific job; unusual health conditions; unusual hobbies or interests etc.
- ii. **in a manner and setting which is respectful,** for example not using inappropriate or caricaturing illustrations, captions or representations etc.
- iii. **in a manner which honours the limits of confidentiality,** explained previously to a patient.
- iv. **with an understanding that no member of the group will disclose any information** about such patients outside the sessions.

Trainee confidentiality

It is recognised that we all have life experiences and relationships that have shaped who we are and that we can all be emotionally affected by the work we do. It is for this reason that the programme promotes reflective practice, to ensure that we are mindful of the way our own experiences and assumptions about the world, people and relationships may influence our therapeutic practice.

We would like to promote an ethos which allows trainees the opportunity to reflect openly and honestly on the challenges of their role. This means that trainees may sometimes share personal information about themselves with staff and each other. Trainees can expect that colleagues and staff members will be thoughtful and sensitive about their right to confidentiality. As a staff team we also have to balance this with the need to ensure that we are protecting the interests of potential patients; and to ensure that trainees are able to provide appropriate clinical interventions. For this reason, we provide the following information about confidentiality of trainees:

- i. **The details of any personal material remains confidential within the context in which it is shared.** It is not fitting for any trainee to disclose information about another, in their absence or presence, within the course or in conversation outside of sessions, without agreed permission.

- ii. The only exception is if there are concerns about an individual's safety (child or adult). In such cases trainees should consult a member of the programme team, and when possible, inform the person concerned that they are doing this and explain why.
- iii. Trainees should expect that information about day-to-day aspects of training will be shared with relevant individuals (e.g. the trainees' lead/service manager/supervisor as identified). This will routinely include sharing trainees' marks for the assessments within the programme and sharing an overview of the trainees' progress. Trainees will have consented to having this information shared as part of the application form.
- iv. Personal matters affecting training can be kept confidential within or from the programme team. Where a trainee shares personal details regarding circumstances affecting their training or ability to provide appropriate patient care, there should be a discussion about how best and with whom to share concerns. Although trainees should expect that the teaching team will need to discuss with one another how best to handle any issues, as far as possible this will be done in a way which keeps the specific details of trainee's circumstances confidential, even between members of the teaching team if the trainee desires. If necessary a confidentiality agreement can be drawn up between the trainee and appropriate staff/supervisors.
- v. If a trainee discloses information indicating personal risk of harm to self or others, it is necessary to inform the trainee's service and/or their GP, in accordance with standard mental health practice. Trainees will have consented to this as part of the application form. Where risk is a concern the teaching team will always, where possible, seek to inform others with the trainee's full knowledge.

Ground rules for groups, tutorials and Action Learning Sets

- **Work with respect for each other**, even if you disagree.
- **Accept individual responsibility** for individual behaviour.
- **Pay attention to issues of difference** such as gender, gender reassignment, age, race and ethnicity, disability, marriage and civil partnership, pregnancy and maternity, religion and belief, sexual orientation, remembering that each person's experience is true for them and valid.
- **Clarify limits of confidentiality** and adhere to these.
- **Make your own decisions about how much information you wish to share** about personal or occupational matters.
- **Remember you are the "expert" about your own life** – any questions or suggestions from others may be rejected as inappropriate.

Supplementary guidance on the use of Social Media

All of the above applies as much to social media as to any other mode of communication. The British Psychological Society (BPS) Ethics Committee acknowledges that members are using social networking sites to communicate with friends, family, professionals and clients. The Ethics Committee has created a [supplementary guidance document](#) in line with the Society's Code of Ethics and Conduct that provides practical advice for using social networking sites responsibly.

Appendix 13: Campus and Washington Singer services

The University campus

The campus is compact and well signposted. [Click here for a map](#). Key buildings include:

- The Forum (for Student Information Desk, cafes and restaurants, non-academic enquiries & the Library)
- Devonshire House (café, shops, Student Union bar etc)
- Reed Hall Mews (Student Health Centre)
- Northcote House houses the University's administration
- The Sports Hall & open-air swimming pool adjacent to Cornwall House (open end of May to middle of September) and an indoor pool at St Luke's College.

Parking

The University encourages sustainable transport. However, for many students travelling by car is the only practical option. **Parking is very restricted** on campus, so it is strongly advised to read the University's web pages about [parking on campus](#).

Access to buildings

Washington Singer Laboratories and the adjacent Sir Henry Wellcome Building are home to the CEDAR programmes. Washington Singer hours of access are:

- Reception opening hours are 9am - 4.45pm term time.
- Open 24/7 with swipe card access

IT facilities

There are numerous desktop computers with scanning and printing facilities available for trainees use within Washington Singer. Ask at reception for details of how to use your university card for printing etc. The University has many additional IT facilities. Please see the following links for more information: [Exeter IT](#)

Bikes

The University of Exeter encourages a green transport scheme. There are bike racks at the front of Washington Singer Laboratories.

Showers

There are showers available in both the ground floor male and female toilets, that are free to use.

Refreshment facilities

A boiling water tap and microwave are available for student use in the Lea Hub on the ground floor. Coffee and snack vending machine facilities are available in the building.

There are numerous shops, eat-in and take away food and drink outlets right across the University available for trainee use. Please see here for full details: <http://www.exeter.ac.uk/campusservices/eatandshop/> .

Appendix 14: Reading List

Many of these texts are available through the university library, via your programme ELE page, [Course: Cohort 01 PGCert Prof. Practice in Mental Health Law \(exeter.ac.uk\)](#)

Essential reading:

Ensure you have a good knowledge of the following documents:

1. Mental Health Act (MHA) 2007 New Roles Guidance produced by the National Institute for Mental Health England (NIMHE):
 - Annex E (1) of this document, produced by the National Advisory Group for Approved Clinician Training (NAGACT), provides a guide to becoming an AC.
 - Annex E (2), also produced by NAGACT, provides guidance on specific required competencies, their attainment and sources of evidence.

[Mental Health Act 2007 - New Roles \(PDF\)](#)

- Mental Health Act 1983 - Instructions with respect to the Exercise of an Approval Function in Relation to Approved Clinicians 2015 (came into force on 5th January 2016). These Instructions supersede elements of the New Roles Guidance.

[Mental Health Act 1983 - Instructions re. approved clinicians 2015](#)

- Revised [Mental Health Act 1983: Code of Practice \(published in 2015\) \(PDF\)](#) Applicants should consider buying or downloading a copy for reference.

2. [Mental Health Act 2007](#)

3. [Practice Direction: First-tier Tribunal Health Education and Social Care Chamber: Statements and Reports in Mental Health Cases](#)

4. [Mental Capacity Act \(MCA\)](#).

5. MCA 2005 and the Deprivation of Liberty Safeguards (DOLS).

<https://www.gov.uk/government/statistics/mental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments-england-2015-to-2016>

And visit the RadcliffesLeBrasseur website, especially their mental health law briefings under Publications - <http://www.rlb-law.com/briefings/mental-health-law/>

And other relevant sites such as:

- <http://www.mentalhealthlaw.co.uk>
- <https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>
<http://www.39essex.com/>

6. If it is anticipated that you will be fulfilling AC / RC duties in relation to children and young people, familiarity with the Children Acts should be regarded as mandatory rather than recommended, and particular focus should also be given to chapter 19 of the Code of Practice (children and young people under the age of 18). [Children Act](#)

If your AC/RC responsibilities are in regard to other specific groups such as Older Adults and Learning Disabilities, then you should be particularly familiar with the Mental Capacity Act and relevant policies and guidance, as well as relevant NICE guidance. [Mental Capacity Act \(MCA\)](#)

7. Psychologists considering preparation for approval are encouraged to consult the British Psychological Society Guidance for Registered Psychologists in Making Applications to the British Psychological Society Approved Clinician Peer Review Panel (September, 2016):-

<http://www.bps.org.uk/system/files/Public%20files/Policy/INF263%20Clinical%20peer%20review%20ID704%20WEB.pdf>

This Panel will indicate to the applicant and employer whether, from a professional perspective, the applicant's portfolio demonstrates competence for the role and, where there are shortfalls, how these may be addressed.

This service is also available to psychologists who are not members of the BPS.

Additional recommended reading

8. Safeguarding vulnerable adults and children References:
 - Read your own Trust's and local social services policy document on safeguarding vulnerable adults and children.
 - And the [Children Act 2004](#).
9. Local, national, and international guidelines pertinent to your role. For example National Institute for Health and Clinical Excellence (NICE) treatment guidelines, CPA policy, safeguarding and risk assessment documentation etc.
10. Role of the CQC including role of SOAD. [Visit the CQC website](#).
11. [Care Act 2014](#).
12. Mental Health Act Manual by Jones. The Maze (5th edition) by SLAM. ISBN =978-0-9564425-4-3