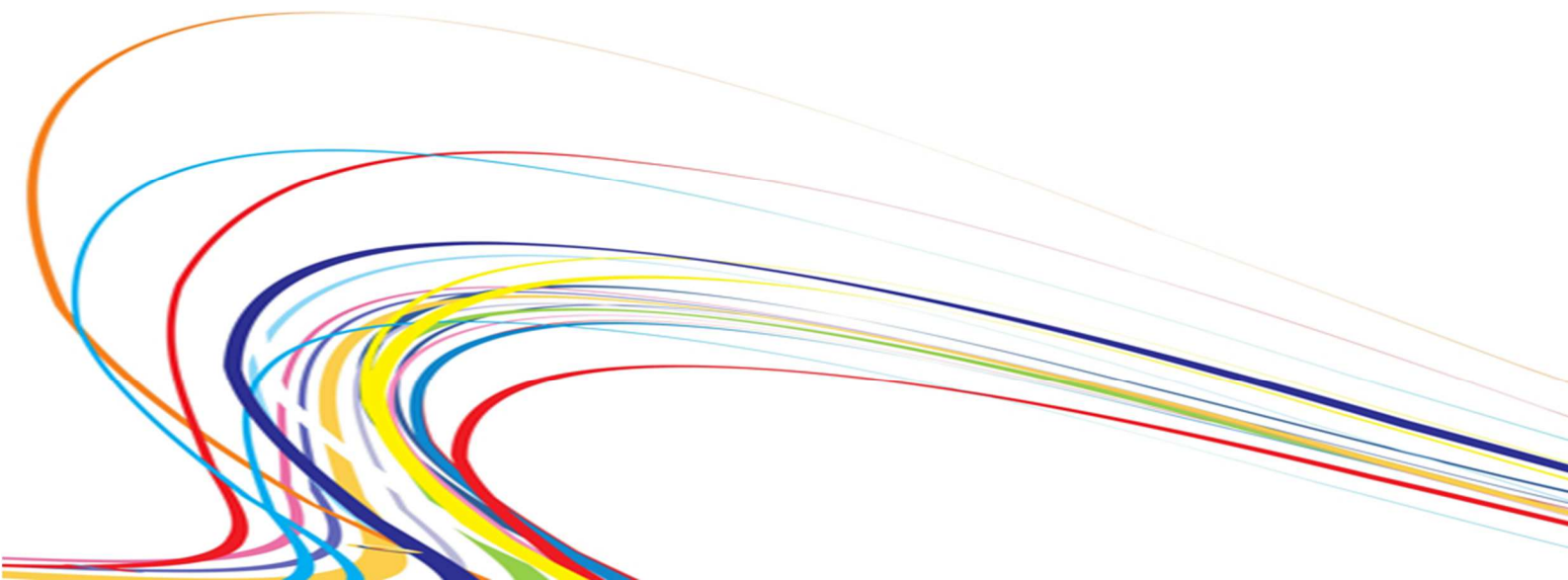




**The British  
Psychological Society**  
Partnership & Accreditation

**University of Oxford**  
**Medical Sciences Division**  
Doctorate in Clinical Psychology

Date of Visit: 28 & 29 June 2017



The British Psychological Society (“the Society”) is the learned and professional body, incorporated by Royal Charter, for psychologists in the United Kingdom. The Society has a total membership and subscribership of approximately 60,000, and is a registered charity’. Under its Royal Charter, the key objective of the Society is “to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge”.

The Society has been involved in the accreditation of programmes of education and training in psychology since the early 1970s. The Society currently accredits programmes at both undergraduate (and equivalent) and postgraduate levels. Undergraduate and conversion programmes are accredited against the requirements for the Society’s Graduate Basis for Chartered Membership, the curriculum requirements for which are derived from the Quality Assurance Agency’s subject benchmark statement for psychology. Postgraduate programmes are accredited against the knowledge, practice and research requirements for Chartered Psychologist status (CPsychol) in a range of domains of practice, which are defined in accordance with the Occupational Standards for psychologists. A number of the postgraduate programmes that are accredited by the Society are also approved by the Health and Care Professions Council, the statutory regulator of practitioner psychologists in the UK.

The standards that the Society uses to reach decisions on the accreditation of individual programmes can be downloaded from [www.bps.org.uk/accreditationdownloads](http://www.bps.org.uk/accreditationdownloads).

The Society is licensed by the Science Council to award the title Chartered Scientist (CSci) to Members who are eligible. Completion of a Society-accredited postgraduate programme that confers Chartered Psychologist status will count towards the Science Council’s requirements for the award of Chartered Scientist.

For further information about Membership of the Society, please visit, <http://www.bps.org.uk/membership>. Information about becoming a Chartered Scientist is available at <http://www.bps.org.uk/csci>.

Any queries relating to this report should be directed to [pact@bps.org.uk](mailto:pact@bps.org.uk).

## Key Outcomes

Following a successful visit to the University of Oxford, the Society is pleased to confirm the ongoing accreditation of the Doctorate in Clinical Psychology. Therefore, graduates from the programme are deemed to have met the requirements for Chartered Membership of the Society and full membership of the Division of Clinical Psychology.

## Commendations

1. The visiting team was impressed by the enthusiastic support for and engagement with the programme by its stakeholders. It was evident that all stakeholders feel they have ownership of the programme, are invested in the training enterprise, and are equally committed to the continuous enhancement of the programme (and the wider Institute) going forward.
2. The visiting team was impressed by the programme's approach to involving trainees in the programme's delivery, review and development, as peers and as colleagues. Trainees appreciate the space and opportunities they have to be involved in this way, and there is a clear culture and ethos of inclusion and transparency, which also extends to service users and carers.
3. The programme has access to an enviable range of placements, affording trainees the opportunity to gain both a breadth of experience and to pursue particular areas of interest via the availability of a range of specialist placements. This is further enhanced by the broader learning environment of which trainees are a part, in Oxford, which includes liaison with world-class experts who deliver teaching and offer research opportunities.
4. The programme invests significant effort in developing and maintaining positive relationships with supervisors and Heads of Service. This includes: providing three placement visits (which are well utilised as a way of challenging trainees and supervisors as well as supporting them); supporting supervisors in undertaking direct assessment of trainees' clinical competence; and devising and delivering a range of creative and engaging supervisor training.
5. The programme's curriculum has been developed in recent years to include innovative content on leadership development (which is supported via a productive association with the University's Business School), reflective practice, and resilience. Supervisors commented on the extent to which trainees are able to proactively use this knowledge and skill in their clinical practice.
6. The programme team is mindful of the need to continue their efforts to make clinical psychology training attractive to a diverse pool of applicants. The visiting team was impressed by the extent of the programme's commitment to outreach and widening access, and by the involvement of trainees in this work (e.g. visiting schools, running elements of summer school events).
7. The programme's supportive ethos shone through. Trainees are co-located with staff, which facilitates regular access and contact. The programme team have evidently thought carefully about the range of personal and professional support structures that are in place, and trainees feel nurtured in their development as clinical psychologists.
8. Professor Paul Kennedy's significant and sustained contribution to the programme was evident throughout the visit. The visiting team heard consistent praise for the Acting Programme Director, David Murphy, and the role he has played in containing and managing the emotional and practical impact of recent tragic events. The programme team are evidently held in high regard, and have worked together to minimise any potential negative impact on trainees and other stakeholders, despite the more limited availability of staff resources.

## Conditions of Ongoing Accreditation

None.

## Recommendations for Further Enhancement

The visiting team wishes to highlight the following areas to which the programme is encouraged to attend as part of its ongoing development and enhancement.

1. The programme team is encouraged to review their requirements regarding engagement with supervisor training, for both new and more experienced supervisors, and to re-articulate those requirements for the benefit of supervisors.
2. There is potential for the programme to introduce a higher minimum recommendation regarding the number of occasions on which a supervisor should observe a trainee on placement, and on which a trainee should observe their supervisor. It would be helpful to continue to keep under review expectations with supervisors and trainees, and to identify ways to continue to encourage that a breadth of observations are undertaken (going beyond assessment sessions). Any revised recommendations should be addressed as part of supervisor training.
3. The programme team is encouraged to review the marking categories used in relation to trainees' assessed work to ensure that there is clarity on what each means, and also that the differences between the categories are sufficiently clear to both staff and trainees.
4. The programme team is encouraged to review the overall assessment load for the programme, and to work with stakeholders to identify the potential to introduce a broader range and mix of types of assessment task. This would introduce greater variety as well as offer the potential to engage trainees in a broader range of tasks that are reflective of contemporary clinical practice. In addition, if the overall timetable for submission of trainees' research is to be brought forward, the programme team will need to take care to ensure the timeliness of the teaching that is provided relevant to key milestones.
5. The visiting team heard positive feedback regarding the ways in which the programme's relationships with internal stakeholders have continued to develop over recent years (particularly the Department of Experimental Psychology, the Department of Psychiatry, and the Medical Sciences Division). There is evidently good will and enthusiasm to continue to make even greater use of the excellent opportunities available, and the visiting team would strongly support this.
6. The visiting team noted the acceptance of the recommendations made in Professor Tony Lavender's recent report, specifically regarding the appointment of a new Programme Director and two Deputy Programme Directors, and views this as evidence of a commitment from senior management, the University and the NHS to the future sustainability of the programme. The Society would welcome an update in due course regarding the implementation of these recommendations.

## Important Dates

The education provider is asked to submit the following by **31 December 2017**:

- An action plan outlining its strategies for responding to the recommendations for further enhancement.

The next partnership visit will take place in **2022/23**.

## 1. Introduction

- 1.1 This report outlines the key outcomes of the Society's visit to the University of Oxford. Broadly, these relate to: aspects of good practice for which the programme is commended; aspects of the provision that will need to be reviewed and revised in order to ensure ongoing fulfilment of the Society's standards, and therefore the ongoing accreditation of the programme; and aspects of the provision that will benefit from further consideration as part of the programme's ongoing development and enhancement.
- 1.2 The Society's approach to accreditation is collaborative: we work in partnership with the universities whose programmes we accredit. We would like to thank all participants in the visit for their important contribution to our work.

## 2. Commendations for good practice

- 2.1. The visiting team was impressed by the enthusiastic support for and engagement with the programme by its stakeholders. It was evident that all stakeholders feel they have ownership of the programme, are invested in the training enterprise, and are equally committed to the continuous enhancement of the programme (and the wider Institute) going forward. Supervisors feel that the time they devote to working with the programme and its trainees is well worth the investment. It was also clear to the visiting team that the University wishes to create structures that help the programme flourish. All of those with whom the visiting team was able to meet indicated their satisfaction with the overall fitness for purpose of trainees, who are seen as a positive endorsement of the strong partnership working underpinning programme delivery and development. Trainees contribute to services across the Thames Valley, and to multidisciplinary working in every setting. The programme's contribution to developing the workforce for the future is appreciated and valued by all; trainees were described as highly employable clinicians, who are able to absorb themselves readily and flexibly into the workforce.
- 2.2. The visiting team was impressed by the programme's approach to involving trainees in the programme's delivery, review and development, as peers and as colleagues. Trainees indicated that they are able to be involved in the work of a number of committees/working groups and have effective, ongoing opportunities to provide their feedback on all aspects of their training experience. They particularly value the away days they participate in with staff to review particular components of the programme and to inform priorities for development. They have a tangible sense of things changing in response to their feedback, and have seen a number of initiatives being supported and developed over time based on trainee feedback (e.g. inclusion of mindfulness training). Trainees appreciate the space and opportunities they have to be involved in this way, and there is a clear culture of inclusion and transparency, which also extends to service users and carers. The visiting team learned of the variety of ways in which service user involvement in the programme has been enhanced over recent years, and the many ways in which the perspectives of those with lived experience are routinely integrated into different components of the programme; service users particularly like meeting first year trainees during induction week and then seeing them develop as they progress through training. The programme supports trainees to consider service user perspectives in all of the work they do, and is keen to move towards increasing embeddedness of service user involvement over time. It was clear that the programme aspires to an equal and meaningful relationship of co-facilitation and co-production, including using evidence-based designs to move towards co-producing research. The visiting team was able to meet with two of the service users and carers that work with the programme, who stated that "You don't have a feeling of them and us – this is a place where we are respected". Overall, it is clear that the programme is respectful, pragmatic and appropriately supportive in its approach to inclusion and involvement, and this is to be commended.
- 2.3. The programme has access to an enviable range of placements, affording trainees the opportunity to gain both a breadth of experience and to pursue particular areas of interest via the availability of a range of specialist options. The placement co-ordination and monitoring



mechanisms in place ensure that the clinical tutor team develop an in-depth knowledge of the trainees and their developmental needs, and are able to carefully match trainees to placements that will best enable them to develop in particular directions, in line with their own individual aspirations. Trainees confirmed that their choices and preferences have been thoughtfully accommodated. The overall training experience is further enhanced by the broader learning environment of which trainees are a part, in Oxford, which includes liaison with world-class experts who deliver teaching and offer research opportunities. Trainees often undertake their research under the supervision of colleagues external to the programme team (e.g. those in the Department of Experimental Psychology and the Department of Psychiatry), with additional support available via their research tutor, and report a positive experience in this regard.

- 2.4. The programme team invests significant effort in developing and maintaining positive relationships with supervisors and Heads of Service. This includes: providing three placement visits; supporting supervisors in undertaking direct assessment of trainees' clinical competence; and devising and delivering a range of creative and engaging supervisor training. The visit model that is in place ensures that meetings with trainees and supervisors on placement are well utilised as a way of challenging them, as well as supporting them. It enables tutors effectively to establish and maintain relationships with supervisors, enabling any issues that arise on placement to be pre-empted, and ensuring that best use is made of the learning opportunities available. Trainees reported that they find the model useful and supportive, and like the structure it provides for setting goals and reviewing progress. Supervisors, too, value the level of contact they have with tutors both at and between placement visits, and are confident in the quality and timeliness of the support available in the event that any problems should arise in relation to individual trainees. Supervisors' and trainees' experience of placement visits has been that they provide an appropriate forum in which to have difficult conversations, where these are needed. Supervisor training offered by the programme receives positive feedback, and the programme team has evidently worked well with colleagues in clinical practice to identify what training might appeal to supervisors with different levels of experience (though see paragraph 3.1 below). The training made available includes an annual two-day residential option, which is consistently popular and well attended; this year's event focused on compassion in supervision.
- 2.5. The programme's curriculum has been developed in recent years to include innovative content on leadership development (which is supported via a productive association with the University's Business School), reflective practice, and resilience. Supervisors commented on the extent to which trainees are able to proactively use their knowledge and skills in their clinical practice. The visiting team spoke with Professor David Clark who shared his ambition that the programme should be sending the next generation of clinical psychologists forward with aspirations to push boundaries, and similarly other members of the senior management team reiterated the importance of developing clinicians who are able to adapt to working in different teams, demonstrate personal resilience to change, and promote positive attitudes to the development of new models of care: these aspects of the programme have the potential to contribute to achieving these aims.
- The programme has built on its established coverage of leadership in recent years, and in so doing has involved expertise from the Saïd Business School. This has not been without its challenges – for example, trainees have had to learn the vocabulary of business (one they would not typically be familiar with but which they will nevertheless encounter in the NHS) – but has been extremely valuable in helping trainees gain a greater sense of their leadership development and to apply their leadership knowledge and influencing skills in a developmentally-appropriate way on placement. There has been excellent feedback on the efficacy and relevance of this aspect of the training; a small scale pilot has been carried out on measures of leadership identity before and after trainees have taken the module which has shown some significant results. Feedback from Business School colleagues has been that trainees come to the module with excellent existing skills in communication, systems and strategic thinking, negotiation, and understanding continuous improvement. Trainees reported that they have found the programme's approach to developing their leadership skills and confidence valuable preparation, particularly for identifying leadership and service development opportunities as part of their final year specialist placements.

- The programme's emphasis on reflective practice has been a key strand of development since the last accreditation visit, and it was apparent that the team has worked hard to encourage a coherent and integrated approach to supporting trainees' development as reflective practitioners as part of the overall academic programme. The visiting team noted both the processes that are in place to support professional reflection in groups, as well as the other fora that enable trainees to explore their personal and professional development individually with their tutor; the latter include the formal individual trainee review system, which emphasises trainee development and reflection, and more recently also includes a focus on well-being, care and career planning.
- The resilience module focuses on the theoretical and conceptual underpinnings of resilience, upon helping trainees think critically about the evidence for resilience, and on translating theory into practice in a variety of contexts. Resilience is introduced as part of trainees' induction to the programme; this is intended to ensure that, from an early stage, trainees are able to develop self-awareness and use resilience skills in their management of the personal/professional interface, to support their own well-being, and within their clinical practice in training and beyond. Supervisors indicated that trainees are much more aware of their own personal resilience and how they can manage the organisational and emotional demands of their role, and are able to talk about this in a more refined way than has previously been the case. Resilience is also a theme in some trainees and staff research, which includes linkage to community psychology, global mental health, and culturally diverse perspectives on assessing, formulating and working with distress and resilience.

2.6. The programme team is mindful of the need to continue their efforts to make clinical psychology training attractive to a diverse pool of applicants. The visiting team was impressed by the extent of the programme's commitment to outreach and widening access, which has included running events for Black, Asian and minority ethnic (BAME) people to encourage such individuals to apply for clinical psychology training. The events have been delivered by trainees, service users, and staff, and have included a mixture of advice on strengthening applications, practical workshop sessions and opportunities for informal networking and mentoring. Some trainees have also been involved in the University's summer schools programme, which is aimed primarily at BAME students and those from lower socio-economic status (SES) backgrounds or living in more deprived areas. The programme team is looking at developing a mentoring scheme for people from low SES backgrounds in the future, building on some established good practice in medical training. It was evident that the programme team has been paying close attention to equal opportunities data and is actively monitoring the programme's performance in comparison to national profiles. The visiting team was pleased to learn that the University, as a whole, is very serious about increasing access to higher education, and the programme clearly benefits from being able to link in with a range of different widening participation initiatives.

2.7. The programme's supportive ethos shone through. Trainees are co-located with staff, and having a consistent physical base facilitates regular access and contact. The programme team have evidently thought carefully about the range of personal and professional support structures that are in place, and trainees feel nurtured in their development as clinical psychologists. Trainees indicated that the supportive culture and environment provided by the programme was evident from the point of application and throughout the selection process, and their expectations about the availability and quality of support have been met, if not exceeded, since starting training on the programme. They reported that they can go to any member of staff either informally or formally, depending on their particular support needs, and that peer support has also been valuable. Service user and carer colleagues also commented on how caring the programme team are towards their trainees. Supervisors shared these views of the support networks that the programme team have in place, indicating their confidence that the trainee's development and well-being is held carefully in mind and contained throughout training. Helpfully, they also confirmed that this level of excellent support is not inconsistent with the need to ensure that trainees are well prepared for the realities of working in the NHS during challenging times.

2.8. Professor Paul Kennedy's significant and sustained contribution to the programme was evident throughout the visit. The visiting team heard consistent praise for the Acting Programme Director, David Murphy, and the role he has played in containing and managing

the emotional and practical impact of recent tragic events. The programme team are evidently held in high regard, and have worked together to minimise any potential negative impact on trainees and other stakeholders, despite the more limited availability of staff resources. Trainees recognise the challenge that staff have faced in keeping the programme running smoothly, and appreciate the consistent and regular offers of support that staff have made to them in a period during which they themselves have been grieving. They could not praise the staff team enough for their careful and sensitive management of an emotionally challenging situation. Senior management colleagues, too, indicated that both the University and the NHS Trust have great admiration for the way in which the Acting Programme Director has managed, and were appreciative of how both staff and trainees have pulled together.

### **3. Developmental work**

- 3.1. It was noted that around 70% of active supervisors had attended a supervisor training event in the preceding five years. The programme team reported that new supervisors are consistently keen to attend introductory training, but like many programmes, engaging more experienced supervisors is more of a challenge. When asked, supervisors were unsure whether attendance at training was mandatory for new or continuing supervisors. Nevertheless, the programme team is encouraged to review their requirements regarding engagement with supervisor training, for both new and more experienced supervisors, and to re-articulate those requirements for the benefit of supervisors. Specifically, the team should consider introducing the requirement that all new supervisors must have undertaken appropriate supervisor training before taking a trainee on placement. The team may also wish to introduce a requirement concerning the frequency with which the training of more experienced supervisors needs to be refreshed.
- 3.2. The programme currently specifies that supervisors must observe their trainees a minimum of twice during each placement. Trainees reported that, whilst many supervisors go beyond this requirement, a minority had not met it, which had the effect of making the trainee more anxious about being observed, and potentially avoidant. Trainees spoke positively about the impact that being observed had on their confidence. They also reflected on the value of the opportunities that have been available for them to observe their supervisor, e.g. during therapy sessions or at meetings. Again, though, they felt that this can be variable across the cohort, dependent upon the supervisor, and that those trainees who have had less opportunity to observe their supervisor feel that they may have missed out on a valuable aspect of their placement learning. Trainees indicated that a breadth of observations across different stages of therapy was more useful than observations of only one aspect. Supervisors discussed their experience of facilitating opportunities for mutual observation, and the benefits these bring. They indicated that they are increasingly noticing trainees requesting to observe the supervisor again towards the end of their placement (in addition to the observations that would more typically take place early on), to offer them a different perspective once they have developed their experience of working in the service in question. Supervisors have found the structure and guidance around observation provided by the programme extremely useful; one consequence has been that the additional structure appears to make it easier for supervisors to deliver negative feedback. The visiting team felt that, on balance, there is potential for the programme to introduce a higher minimum recommendation regarding the number of occasions on which a supervisor should observe a trainee on placement, and on which a trainee should observe their supervisor. It would be helpful to continue to keep under review expectations with supervisors and trainees, and to identify ways to continue to encourage that a breadth of observations are undertaken (going beyond assessment sessions). Any revised recommendations should be addressed as part of supervisor training.
- 3.3. There was some lack of clarity over the different marking outcomes available for trainees' academic and clinical assessments. The programme team outlined the criteria for each of the marking outcomes used (as presented in the programme handbook), but discussion with the trainees suggested that there may be a lack of clarity regarding the purpose and implications of each in relation to reassessment, specifically for the 'refer' and 'fail' categories. The visiting team agreed that this may simply reflect the relative infrequency with which the categories are used. Nevertheless, the programme team is encouraged to review the marking categories to



ensure that there is clarity on what each means, and also that the differences between the categories are sufficiently clear to both staff and trainees.

- 3.4. The programme team is encouraged to review the overall assessment load for the programme. It was noted that the assessment load has been reduced in recent years (for example, through the removal of one of the previous two service related projects), but nevertheless the visiting team felt there may be an opportunity to reduce this further. Trainees reflected mixed views about the overall assessment load; those coming towards the end of their training reflected that, in retrospect, the overall load had felt manageable, although not having a study day during the initial six months of their training was a particular challenge. The team is also encouraged to work with stakeholders to identify the potential to introduce a wider range and mix of types of assessment task. This would introduce greater variety, offer the potential to engage trainees in a broader range of tasks that are reflective of contemporary clinical practice, and may make space for a more complementary balance of both formative and summative assessment tasks. Trainees, in particular, would welcome replacement of some essays or case reports with alternative assessment formats (e.g. clinical case viva, case presentations); one trainee described a feeling of 'format fatigue'. In addition, if the overall timetable for submission of trainees' research is to be brought forward, the programme team will need to take care to ensure the timeliness of the teaching that is provided relevant to key milestones. For example, trainees reported some difficulties with respect to the timing of the research fair in relation to the deadline for choosing a project. The alignment of such aspects of the overall research timeline will need to be reviewed carefully, and it would be helpful to ensure that the process for selecting and negotiating a research topic and securing a supervisor is clearly communicated to trainees.
- 3.5. The visiting team heard positive feedback regarding the ways in which the programme's relationships with internal stakeholders have continued to develop over recent years. There is evidently good will and enthusiasm to continue to make even greater use of the excellent opportunities available, and the visiting team would strongly support this. The visiting team learned of the impressive range of research opportunities that are available via the Department of Experimental Psychology and the Department of Psychiatry, and the extent to which the programme might continue to contribute more strategically to the clinical-academic axis at Oxford. The relationship between the programme and the University is a fruitful and supportive one. The programme team acknowledged the developmental opportunities for staff that arise from being able to co-supervise trainees' research with internationally-renowned experts. Fostering of better links with established research groups and other further developments of this kind are to be encouraged, along with exploring scope for offering trainees clinical or research placements, or other means of strengthening clinical research opportunities. Enhancement of links with innovations being developed in Experimental Psychology and Psychiatry may support further strengthening of training in psychological therapies.
- 3.6. The visiting team is grateful to members of the senior management team for their open and transparent discussion of the context for Professor Tony Lavender's recent review of the leadership structure of the programme, and some of the wider strategic benefits that might arise as the result of an alternative arrangement. The team noted the acceptance of the recommendations made by Professor Lavender, specifically regarding the appointment of a new Programme Director and two Deputy Programme Directors, and views this as evidence of a commitment from senior management, the University and the NHS to the future sustainability of the programme. The Society appreciates that it will take some time to progress the necessary change management process, but would welcome an update in due course regarding the implementation of these recommendations.

#### 4. Participants

Ros Alstead OBE	Oxford Health NHS Foundation Trust, Director of Nursing and Clinical Standards
Frances Ashworth	Service Users and Carers
Dr Lisa Beevers	Clinical supervisor, Oxford Health NHS Foundation Trust (Older Adults)
Dr Clare Borsay	Clinical supervisor, Oxford Health NHS Foundation Trust (Child)
Kerrie Bundock	Trainee (2014)
Amelia Carton	Trainee (2016)
Emma Cernis	Trainee (2014)
Jennifer Chapman	Trainee (2015)
Professor David Clark CBE FBA, FMedSci FAcS	Chair of Experimental Psychology
Dr Debbie Clarke	Clinical supervisor, Oxford Health NHS Foundation Trust (Adult)
Dr Sue Clohessy	Clinical Tutor and lead for supervisor training
Dr Myra Cooper	Senior Research Tutor, Acting Deputy Programme Director
Dr Sally Cosgrove	Clinical supervisor, Oxford Health NHS Foundation Trust (Adult)
Jane Dale	University of Oxford, Medical Sciences Division, Senior Assistant Registrar (Education)
Dr David Dean	Clinical Tutor and Admissions Tutor
Dr Kathryn Evans	Clinical Tutor and Professional Development Programme Lead
Professor Daniel Freeman CPsychol FBPsS	Professor of Clinical Psychology
Dr Gemma Gray	Clinical supervisor, Oxford Health NHS Foundation Trust (Intellectual Disabilities)
Dr Helen Griffiths	Clinical supervisor, Oxford University Hospitals (Child)
Dr Olivia Hewitt	Research Tutor
Francoise Holland	Service Users and Carers
Catherine Houlihan	Trainee (2014)
Dr Nargis Islam	Academic Tutor (Year 1)
Dr Helen Jenkins	Clinical Tutor and Personal/Professional Development Lead
Dr Nigel King	Clinical Tutor and International Support Programme Lead
Dr Matthew Knight	Academic Tutor (Year 2)
Dr Stephanie Lawrie	Clinical supervisor, Berkshire NHS Foundation Trust (Older Adults)
Joanna Mann	Trainee (2015)
Elise Marriott	Trainee (2015)
David Murphy	Joint Director (Clinical and Professional), Acting Programme Director

Dr Fleur Newton	Clinical supervisor, Berkshire NHS Foundation Trust (Older Adults)
Kelsey Smith	Trainee (2016)
Jessica Staniford	Trainee (2016)
Emma Wilton	Health Education Thames Valley (HETV)

## 5. Membership of the Visiting Team

Professor Ken Laidlaw CPsychol	Deputy Co-Chair, Committee on Training in Clinical Psychology; University of East Anglia
Dr Neil Millar CPsychol	Convenor; Member, Committee on Training in Clinical Psychology; University of Edinburgh/NHS Education for Scotland
Dr Pieter W Nel CPsychol	Member, Committee on Training in Clinical Psychology; University of Hertfordshire
Lucy Horder	Partnership and Accreditation Manager, The British Psychological Society