Cairnmillar INSTITUTE

School of Psychology
Counselling & Psychotherapy

Master of Clinical Psychology
(Post Registration)

Placement Information Handbook 2024

This placement handbook is for all students completing the Master of Clinical Psychology (2-placement structure) and replaces all previous placement handbooks.

Course Code: PY094

Course Name: Master of Clinical Psychology (Post Registration)

Degree: MPsych (Clinical Psychology)

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Welcome to the Master of Clinical Psychology (Post Registration) program at Cairnmillar Institute, where we have offered professional psychology training for more than 60 years. This degree will provide you with the opportunity to develop high-level skills in clinical psychology by studying in a rich clinical context, at an Institute with a distinguished professional history of clinical excellence.

Clinical Psychology at the Cairnmillar Institute

The postgraduate clinical psychology programs at the Cairnmillar Institute are designed so that students acquire a diverse range of knowledge, skills and experience in clinical psychology. This course is offered as a two-year part-time program and is designed for psychologists who hold general registration with the Psychology Board of Australia (PsyBA) and who are strongly motivated and committed to further training in clinical psychology.

Accreditation and graduate outcomes

This course is an Australian Psychology Accreditation Council (APAC) accredited program. Upon successful completion of this course, graduates will be eligible to commence the PsyBA registrar program, an approved supervision program to gain an area of practice endorsement (AoPE) in clinical psychology. Consult the PsyBA website for further information about the registrar program and the Guidelines on area of practice endorsements about AoPE competencies.

About this handbook

The course has three integrated components: coursework, research and the supervised placement program. This handbook focuses on detailed aspects of the placement program that can't be described in the Unit Outlines. For details about coursework components, please see the Course Information Handbook.

Placement Contacts

- Placement Coordination Team Email: pc-postreg@cairnmillar.edu.au
- Placement Administration Team Email: placements@cairnmillar.edu.au
- Phone: (03) 9813 3400

We hope that you enjoy the supportive and collegial environment at the Cairnmillar Institute and that professional training in clinical psychology with us is challenging, rewarding and enjoyable.

Professor Jon Mason
Course Coordinator

Professor Linda Byrne
Dean, Faculty of Psychology, Counselling & Psychotherapy

1. COURSE OVERVIEW

1.1. Course Structure

To meet the requirements of both APAC and the PsyBA for the stand-alone Master of Clinical Psychology (Post Registration) professional training, the total time spent on placements must be at least 750 hours for the course completed across two placement units.

The Master of Clinical Psychology (Post Registration) course is designed to be completed on a part-time basis over 24 months (see table 1).

Table 1: Overview of Course

Unit Code	Unit title	Credit Points
Year 1, Semester 1		
CLP601	Clinical Psychology: Theory and Practice (Ethical, Professional, Assessment & Intervention Competencies)*	12.50
CLP604	Psychopathology and Intervention for Adults	12.50
Year 1, Semester 2		
CLP602	Advanced Assessment for Clinical Psychologists	12.50
CLP603	Psychopathology and Intervention for Children and Youth	12.50
Year 2, Semester 1		
CLP664	Supervised Clinical Placement A*	18.75
CLP651	Evidence Based Project A**	6.25
Year 2, Semester 2		
CLP665	Supervised Clinical Placement B*	18.75
CLP652	Evidence Based Project B**	6.25
	COURSE TOTAL	100.00

*Prerequisites: Assessment one for CLP601 must be successfully completed before undertaking placement units. Placement A must be successfully completed before Placement B. Evidence based project A must be undertaken before Evidence based project B.

**Corequisites: Evidence Based project A must be undertaken in conjunction with Placement A. Evidence Based project B must be undertaken in conjunction with Placement B

1.2. Pre-Placement Actions

1. **Email.** Ensure that your Cairnmillar email address is directed to the email address you actually use. Email, including essential Canvas notifications, are the primary method used by Cairnmillar to communicate with students. Click here for more information on my.CMI about accessing and configuring your email.

2. **Pre-Placement Documents.** You will need to upload a copy of the following documents to Canvas for each placement unit. These must be uploaded and approved by the placement coordinator on Canvas before you can start your placement. Students will need to ensure these actions are commenced at least 3 months prior to commencing their first placement to allow for any delays in processing.

    a. **Psychology registration.** You will need to provide a copy of your current general registration with the PsyBA. It is your responsibility to ensure your general registration remains current throughout your degree. Students are required to report any disruptions in the currency of their registration status to both the placement and course coordinator immediately, as

students who do not hold general registration with the PsyBA are unable to complete the course. If during their enrolment in the course, a notification is made against you, you must notify the placement and course coordinators immediately (within 24 hours) of receiving the written/email from AHPRA/PsyBA about the notification. Students are required to keep CMI informed about the eventual outcome.

b. **Working with children's check (WWC).** You may be required to obtain and maintain a current WWC while completing placements. Applications are state/territory based. Click here for more information about obtaining and maintaining a valid WWC.

c. **National Police Checks.** For most placements, you will be required to obtain and maintain a current National Police Check on an annual basis while you are completing placements. Click here for more information about obtaining and maintaining a valid police check.

2. PLACEMENT PROGRAM OVERVIEW

2.1. Diversity of Placement Experiences

Students require placement opportunities that support the acquisition of core clinical psychology skills. Students will gain diverse experience across the lifespan, settings, client presentations, culture and experience using a variety of clinical psychology skills (assessment, treatment, and professional). Diverse placement experiences offer the opportunity for students to develop core clinical psychology competencies such as therapeutic relationship skills, psychological assessment, risk management, formulation, diagnostics, intervention design, delivery and evaluation, with a range of client presentations across the life span.

Each placement should be different in clinical focus and have a different primary supervisor, so that students have opportunities to develop competencies, as assessed by varied supervisors and evidenced through placement documents and clinical assessments (e.g., supervisor observation, case reports, MSE's and formulations). Typically, placement opportunities in hospital settings are limited. Equally valuable experiences with a diversity of presentations and learning opportunities are available in other settings (e.g., community mental health services, university clinics, schools, forensic settings).

Students are not necessarily required to engage in placements with specific client groups (e.g., child and family, older adult, severe and enduring mental health problems etc), though this option is available to them if they wish. Rather, students must ensure they acquire a minimum level of experience across the lifespan, clinical setting and clinical activities over the combination of their two supervised placements. These must also be recorded in your logbook, which will be used by the Unit Coordinators to verify that they have occurred. The required minimum diversity requirements are:

- A minimum of 25% (75 hours) of Direct Client Hours must be accrued working with *children and families* (see glossary). This must include one *neuropsychological assessment* (see glossary).
- A minimum of 25% (75 hours) of Direct Client Hours must be accrued with *working age* and/or *older adults* (see glossary). This must include one *neuropsychological assessment* (see glossary).
- A minimum of 25% of the total hours accrued across all age groups and settings (75 hours) must be with clients who your supervisor has deemed to fall into the *complex presentation* category (see glossary).
- A minimum of 75% of the total hours accrued across all age groups and settings must involve *psychological therapy* activities (see glossary).

In assessing placements as suitable for the student, Placement Coordinators will consider whether students have the diversity required to facilitate meeting the graduate competencies for completing the course. The following provides further information about four placement diversity principles and requirements for this course:

2.1.1. Diversity across the lifespan

Diversity across the lifespan refers to students gaining experience working with children, adolescents, adults and older adults across the placement units in the course. In assessing the suitability of the proposed placements, Placement Coordinators will evaluate the overall placement plan to ensure that sufficient diversity of experience is likely to be included and will seek to determine whether sufficient opportunities exist for the student to meet the diversity requirements listed in 2.4 (above), given the nature of their proposed placements over the course of the year and any pre-existing placement activities undertaken.

2.1.2. Diversity across settings

There are many settings in which clinical psychologists operate. It is an APAC requirement that the quality and quantity of professional practice education is sufficient to produce graduates competent to practice across a range of settings. This requires students to undertake sufficient psychological practice across a broad range of psychology services and settings to ensure they have opportunities to develop a broad range of graduate competencies. Students are required to select placements that offer diversity in settings rather than narrow selections of placement settings as this can limit the student's ability to develop competencies.

CMI will consider the diversity of placement settings across both placements when deciding the suitability of individual placements. Below is a brief outline of psychological settings for students to consider when determining their learning and development needs:

- **Inpatient hospitals/units/wards:** These settings involve an overnight or longer stay in a psychiatric hospital or psychiatric unit of a general hospital, either privately owned or public (government-operated). Inpatient settings provide treatment to more severely ill mental health patients in the acute phase of mental illness and who typically require around the clock monitoring and care. Additionally, more specific settings provide targeted treatment, such as drug and alcohol detoxification and/or rehabilitation services, eating disorder treatment, geriatric concerns, and child and adolescent inpatient services.

- **Community, non-government organisations (NGO's), crisis and outpatient mental health services:** These services are generally free to the public and are typically available for people with severe, complex and chronic forms of mental illness. Community mental health services usually operate in multi-disciplinary teams and provide general and/or targeted mental health services. These services have a variety of names such as: acute care teams, home care teams, early psychosis intervention teams, youth mental health teams and early in life mental health services (ELMHS).

- **School settings:** The integration of psychological services provided within school settings varies greatly. Some schools have integrated mental health services, including secure case note storage, employed mental health clinicians and established service delivery models while others don't and psychological services are in-reach but external to the school environment (e.g., no case note storage system, little to no established policies to support the delivery of mental health services etc.). Psychological service delivery within schools varies and can include applying

psychological and educational expertise to support students, teachers and the school community to achieve academic success, psychological health and social and emotional wellbeing.

- **Forensic Settings:** Forensic settings are settings where psychologists provide assessment and treatment for people with a mental disorder who pose (or have posed) a risk of harm to others, and where this risk of harm is related to the mental disorder. These services can vary greatly depending on the setting and role of the psychologist in these settings, for example conducting risk of offending assessments, undertaking clinical psychology interventions to reduce risk of offending, and diagnostic assessments.

- **Private practice:** Private practice generally refers to settings that typically operate out of a clinic and where clients can claim government funding to supplement the cost of services (e.g., Medicare, NDIS, Veteran Affairs etc.). Private practice settings and the service delivery models vary greatly depending upon the structure of the business, the range of services offered including the types of health practitioners and how they operate to provide services. These settings can range from a single sole practitioner psychologist to large integrated GP clinics operating a multidisciplinary practice.

2.1.3. Diversity across client presentations

The presentation of mental health problems or disorders vary greatly in terms of emotional, psychological, and behavioural functioning and impacts. CMI will consider the client presentations when deciding placement suitability for students. Client mental health presentations can generally be defined as:

- **Acute mental illness:** Acute mental illness is characterised by significant and distressing symptoms of a mental illness requiring immediate treatment. This includes people experiencing a mental health crisis where the person's actions, feelings or behaviours pose a risk of harm to self or others and/or put them at risk of being unable to care for themselves or function in the community in a healthy manner.
- **Severe mental illness:** Severe mental illness is often defined by its length of duration and the disability it produces. These illnesses include disorders that produce psychotic symptoms, such as schizophrenia and schizoaffective disorder, and severe forms of other disorders, such as major depression and bipolar disorder.
- **Chronic mental illness:** Chronic mental illness refers to conditions with persistently debilitating psychiatric symptoms and severely impaired function. Individuals with chronic mental illness suffer from symptoms that may interfere with their ability to perform activities of daily living and to participate in work, school, and interpersonal relationships. At times in their lives, these individuals often require significant care from family and mental health care providers. In contrast to acute and severe mental illness, chronic mental illness disabling and often unremitting across the long term.
- **Complex mental health needs:** Complex mental health needs are where a person is experiencing significant, multiple, rare or persistent mental health challenges that impact their functioning in most areas such as in the home, work/education and in the community. These needs, often in combination with one another are complex as it is difficult to address all presenting issues at the same time. People with complex mental health needs often have comorbid physical or mental health problems.
- **Comorbidity:** Comorbidity refers to where a person is experiencing more than one health disorder. While this is common, for the purpose of placements this refers to working with people who have a mental and/or another mental or physical disorder that interacts and impacts on functioning or treatment planning.
- **High prevalence:** High prevalence disorders are typically defined as disorders that are common and where the incidence in the previous 12 months is more than ~3%.

- **Low Prevalence:** Low prevalence disorders are typically defined as disorders that are not common or rare and where the incidence in the previous 12 months is ~3% or less.
- **Neurodevelopmental disorders:** Neurodevelopmental disorders are a group of conditions with onset in the developmental period and are characterised by developmental deficits that produce impairments of personal, social, academic, or occupational functioning. Neurodevelopmental presentations include intellectual disability, developmental delay, autism spectrum disorders, attention-deficit hyperactivity disorder (ADHD), and disorders of speech, language disorders, specific learning problems and tic disorders etc.

2.1.4. Diversity in clinical psychology skills and experience

Students are required to gain experience in clinical psychology using of a variety of clinical skills (assessment, treatment, and professional). Engaging with different supervisors across placement can facilitate acquiring clinical psychology skills. Students should gain experience across the following domains:

Assessment
- Evaluate a range of psychological disorders with reference to relevant international taxonomies of classification, including disorders of moderate to severe level and complexity.
- Use assessment tools and processes related to a wide range of psychological disorders, and including psychometric tests, structured or semi-structured interviews, behavioural observations, measures of functionality and processes that enable collection of collateral information from multiple sources, including groups and systems relevant to the client.
- Integrate, interpret, and synthesise clinical psychological assessment data with the knowledge of psychopathology to inform case formulation, diagnosis and intervention.
- Evaluate symptom reduction, therapeutic outcomes, the therapeutic alliance and client progress throughout therapy.

Intervention/Treatment
- Select, tailor and implement appropriate evidence-based interventions on the basis of an initial case formulation, whether individuals, dyads or carers/dependents.
- Monitor outcomes and make modifications based on evolving case formulation and intra- and interpersonal processes, with care given to the appropriateness of interventions for the client or clients within their wider context.
- Consult and collaborate with other professionals regarding clinical planning and referrals, particularly in the context of complex case presentations.
- Engage in evidence-based practice to understanding and managing psychological disorders, including across the age range and across modalities such as e-health approaches.

Professional
- Demonstrate respect for the skills and contribution of other professionals.
- Work effectively with a range of professional and support staff in the workplace and communicate and collaborate effectively, within the bounds of ethical and legal requirements.
- Operate within the boundaries of their professional competence, consult with peers or other relevant sources where appropriate, and refer on to relevant other practitioners where appropriate.
- Rigorously apply professional practice policies and procedures, including as they relate to referral management and record-keeping, across a range of workplace settings and with recognition of different organisational cultures and practices.
- Engage in self-reflective professional practice, taking account of the impact of their own values and beliefs, and taking appropriate actions as a result.
- Evaluate the effectiveness of their professional practice, identifying areas for improvement and implementing changes where needed.

- Critically evaluate contemporary scientific literature to inform practice.

2.2. Preparing for Placements

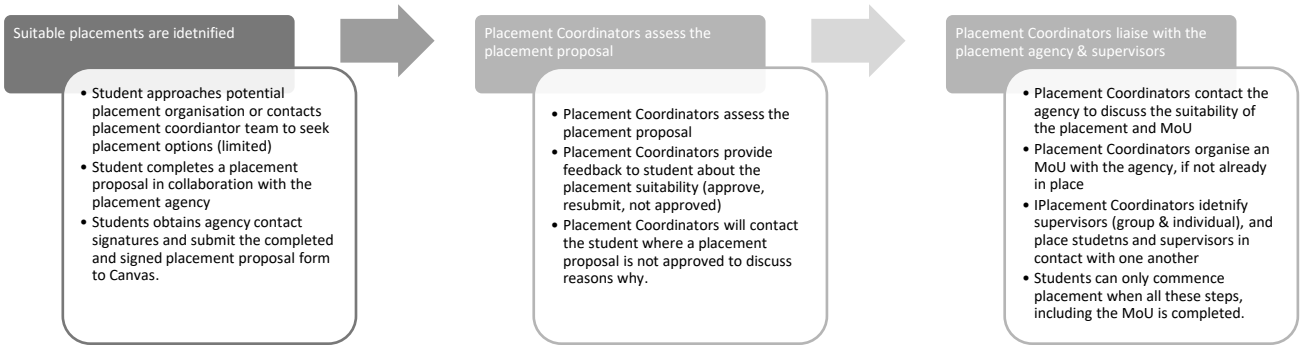
2.2.1. Sourcing placements

At CMI, students are proactive in sourcing a suitable placement, driven by their own areas of interest and learning needs, their existing professional networks and their preferred geographical location. Students are encouraged to provide prospective placement agencies with an Introduction Letter to placement agency contacts and supervisors to facilitate their understanding of the course and placement requirements.

CMI also has a small number of placements (largely within Victoria) that we can assist students to access which will be advertised via an EOI process from time to time. Placements in South Australia, Western Australia and Southeast Queensland are managed though consortiums. If you wish to undertake a placement in these locations, please email the Placement Coordinator team in good time (i.e., October for Semester 1 placements and April for Semester 2 placements) so that the appropriate processes can be triggered.

Students will complete a placement proposal and CMI will assess and approve the placement before the student can commence placement. CMI Placement Coordinators assess the placement proposal against the required unit learning outcomes and the student's individual learning needs (e.g., diversity of placement experiences). Please note that where the placement agency contact and/or supervisors are previously known to the student then you will need to complete a conflict of interest form.

Figure 1: Process and Responsibilities



2.2.2. Workplace Placements

Students may be approved to undertake a placement in an existing workplace if the scope of the proposed role is consistent with clinical psychology and if the psychological activities comprising the proposed role are sufficiently distinct from the student's usual workplace role (e.g., in a separate department, working with a different age cohort). If the placement is a paid placement, the financial arrangements between the placement agency/workplace are between the student and the organisation; the Cairnmillar Institute cannot advise on any financial arrangements included in this agreement.

All placements must meet the criteria for a suitable placement opportunity in clinical psychology in terms of the scope of work to be undertaken, diversity in placement experiences across the course and its ability to support the unit learning outcomes (see the section on diversity of placement

experiences for more information). This also includes the expectation that students will be undertaking a learning opportunity and should therefore specify their placement days, and their expected caseload. It is expected that, whilst on placement, students will carry a smaller case load than they might ordinarily do whilst undertaking paid work (e.g., maximum 4 clients daily) to allow for development opportunities, reflection, and planning within the placement context.

Students undertaking paid placements must establish clear mutual understandings about what needs to be learned and how collegial/ managerial/ supervisory boundary issues will be negotiated. A conflict of interest form is required where students are known to the placement agency contact, the supervisors or where there are employment arrangements.

2.2.3. Supervision

Your course fees include supervision. Students will receive a mixture of individual and group supervision. Prior to commencing your placement, you will be provided with contact details for your supervisor, and an introductory email will be sent from the Placement Coordinator team that includes both you and your supervisor. In rare exceptions, CMI may authorise that supervision be provided by a suitably qualified onsite supervisor, but only where the agency requires this for clinical safety purposes, such as when the placement is highly specialised (e.g., public health settings).

2.2.4. Placement Sequence

Students can only be enrolled in one placement per semester as placement units are designed to develop student competencies sequentially. At times, due to agency requirements – and provided no progress issues have been identified by the supervisor or placement coordinator - a student may commence a new placement within the final few weeks of the preceding placement. In these exceptional circumstances, students will only be permitted to commence a new placement if they have satisfactorily completed their mid and end of placement review, their supervisor indicates that there are no progress issues, and the placement coordinator determines that they have completed all of the required placement paperwork and assessments.

2.2.5. Passing a Placement

It is the placement supervisor's role to regularly provide constructive feedback to the student throughout the placement regarding clinical competency. This feedback is formally provided at the Mid and End-Placement Review (see Unit Outline for further details). In cases where students are not making the gains expected on placement, a plan will be developed at the Mid Placement Review to support the student's placement progression and the placement coordinator will again attend the end of placement review. At the conclusion of the placement, the placement supervisor will make a recommendation to the Placement Coordinator as part of the End of Placement Review. Supervisors will indicate that student progress has been "Satisfactory" or "Not Satisfactory". When a supervisor's final report has been received by the Placement Coordinator, they will consider the supervisors report, alongside the student's other submitted paperwork and assessment material (logbooks, placement forms, case reports, client notes, feedback on supervisor observations of client work, MSEs and formulation etc.), and a result will be recorded. The two possible results are *Pass* or *Fail*. Placements sometimes extend beyond the semester dates, and this may affect the recording of results.

If necessary, a referral to the CMI Academic Integrity and Progress Committee will be made by the Placement Coordinator, in consultation with the Course Coordinator.

At times, students may find the transition from practicing as a psychologist, often with extensive experience, to the student role a challenge. Successful completion of a placement may require changes in existing practice and the acquisition of new knowledge and skills. The Course Coordinator and Placement Coordinator invite students to discuss any concerns or difficulties balancing existing practices with the development of new knowledge and skills.

3. PLACEMENT PREPARATION & MILESTONES

Placements include assessments that demonstrate both clinical and professional skills. There are pre-placement requirements, placement assessment documents and clinical assessments that students need to ensure they have submitted to Canvas and had approved as completed by the placement coordinator.

3.1. Pre-Placement Requirements

Students are required to submit the pre-placement documents before each placement and cannot commence a placement before the placement coordinator has approved these assessments on Canvas. You can find detailed information about how to apply for each of the pre-placement requirements within your Canvas module and on my.CMI here: Pre-Placement Documentation.

All students are required to submit the following to Canvas prior to commencing each placement:

- General Registration Certificate
- Police Check
- Working with Children Check (where required)
- Placement Proposal Due 10 weeks prior to proposed placement start date which must be a) no sooner than two weeks prior to the start of semester and b) before the census date for the semester.

These must be kept valid throughout your placement so any renewals must also be uploaded as required. Failure to submit these assessment documents may jeopardise your placement and your opportunity to see clients.

3.1.1. Insurance

All psychological services provided by students are required to be covered by appropriate professional indemnity insurance (PII). Students enrolled in this course are covered under the Cairnmillar Institute's public liability and professional indemnity insurance policies when on external placement, fieldwork or other work undertaken in Australia in connection with a course or approved research work, with the knowledge and consent of the Institute. Health practitioners who do not have appropriate PII cover may be in breach of their obligations under the Health Practitioner Regulation National Law, depending on their work setting.

It is important that students work on the specified placement days outlined in the placement agreement. Students who are undertaking placements in their workplace need to be clear about which days are designated placement days, so they are covered by the appropriate insurance policy on those days.

Although Workcover cannot cover students, they are covered to the extent permitted by legislation, under the Cairnmillar Institute's Personal Accident and Travel Policy.

3.1.2. Immunisations

In addition to the COVID-19 mandatory vaccination requirements, there are placement settings that require students to have specific immunisation or coverage for certain diseases. Students will liaise with and provide evidence of vaccinations directly with the placement agency.

3.1.3. Placement Proposal

Students are required to prepare and submit a placement proposal no later than ten weeks prior to the proposed placement start date. Please note that students sourcing placements with any Government entity will need to submit a placement proposal at least 12 weeks prior to their placement start dates due to the extra due diligence and requirements with these organisations. Click here to access the Placement Proposal form and the guide to completing the form.

The purpose of these proposals is to:

- Support students with arranging a suitable placement opportunity that meets their learning needs.
- Provide Placement Coordinators with sufficient information to assess placement suitability.
- Inform the placement provider and supervisors about the support needs for students on placement.

Placement Coordinators will assess the placement proposal and either approve the placement, request further information to assess the placement as suitable, or decline the placement. If the placement is declined, this will be done in collaboration with the Course Coordinator.

The Placement Proposal Form should also provide details of locations and supervisory arrangements for the student.

3.2. Placement Milestones

In addition to the pre-placement requirements, students must submit placement documents and clinical assessment for each placement. You can find a complete list of all placement documents required here.

Please read the instructions and requirements for each assessment and ensure that:

- Where applicable, the student signs all documents and ensures they are signed by supervisors/agency contact
- Each assessment document is in PDF format.
- All instructions for each assessment are followed correctly, especially the logbook.
- Students retain their own copies of all placement documents.

Students whose placement documentation is not completed correctly and/or received outside the required timeframe may jeopardise their progression to subsequent units.

The Cairnmillar Institute is required by APAC and PsyBA to archive students' placement documents for a period of 10 years.

The following sections outline the required placement documents for each placement in this course.

3.2.1. Placement Contract (Form A)

The placement contract sets out the parameters for ensuring all parties are aware of their obligations and responsibilities throughout the placement and is signed by the student, supervisors and the placement contact/agency representative (where this is not the same as the supervisor).

Due date: Within 14 days from placement start date

This placement agreement contains the following details:

- Agreement between Cairnmillar, student and agency/school
- Confirmation of student placement information
- Guidelines for placement agency/school representative and or supervisor
- Guidelines for placement by students including the setup of learning goals
- Confidentiality agreement
- Supervision agreement
- The student's learning goals

All students are required to organize a Placement Contract (Form A) meeting with their agency representative and placement coordinator, unless advised otherwise by their placement coordinator.

Within the first two weeks of placement, students, in collaboration with their individual supervisor, will establish well-defined learning goals. This information enables the placement coordinator to ensure that placement goals meet the overall student learning needs. These learning goals should meaningfully reflect the student's overall developmental needs in relation to both the core competency areas and the context and opportunities relevant to each placement.

Please note: For safety reasons students cannot see clients outside standard business hours (e.g., after hours, weekends) without appropriate staff on site. Please ensure that you are clear about after hours and requirements for ensuring appropriate staff are onsite on placement days.

3.2.2. Placement Quality and Safety Checklist/OPSA/Work from Home forms

Purpose: The quality and safety checklist/OPSA/Work from home forms are required to ensure students and the agencies are complying with workplace health and safety requirements.

Due Date: Within 14 days from placement start date

In line with APAC, effective processes must be in place to ensure students undertaking placements can practise competently and safely. The Quality and Safety Checklist, Off-Site Clinical Placement Activities (OPSA) and Work from Home (WFH) forms are in place to ensure all stakeholders are clear about their workplace health and safety obligations and responsibilities for delivering services off-site (where applicable).

3.2.3. Mid-Placement Review & Portfolio

Purpose: A mid-placement review is required for all placements in this course and is designed to assess the student's progress towards graduate competencies and make any required adjustments to facilitate the students learning and development. Student will also submit several pieces of assessment work (see Unit Outline).

Process: Approximately half-way through the placement, the student will arrange and attend a meeting with the primary individual supervisor, placement coordinator (or suitably qualified delegate) and at times the agency representative, to review the progress of the placement. There are three aspects to the mid-placement review:

1. **Mid-placement review form (Form B)**
   Supervisors are required to complete the mid-placement review form (Form B) and discuss this assessment and the student's progress with the student prior to the mid-placement review meeting. The completed form should be verified and signed by the student and supervisor then submitted to Canvas within 7 days after the meeting for the Placement Coordinator (or suitably qualified delegate) to finalise.
2. **Mid Placement assessments**
   Students must submit the required documents and assessments (see Unit Outline) no later than one day prior to the mid placement review meeting. If the mid placement review meeting takes place without the documentation having been uploaded and available for the review, a separate (additional) meeting must be scheduled within 4 weeks (see Unit Outline).
3. **Mid-placement review meeting**
   A mid-placement review meeting is required to take place between the student, their clinical supervisor, the placement coordinator and, at times, the placement contact person/agency representative where the clinical supervisor is external to the organisation. This meeting needs to occur within two weeks of the mid-point of the placement. Students are responsible for arranging this meeting. Placement Coordinators will advise students via Canvas about how to book a mid-placement review meeting.

   During the meeting the student, agency representative, clinical supervisor and placement coordinator (or suitably qualified delegate) will discuss the student's progress and decide on an outcome, and any action that needs to occur to help the student progress and meet their learning goals.

3.2.4. End-of-Placement Review & Portfolio

Purpose: An end-of-placement review is required for all placements in this course and is designed to assess the student's progress towards graduate competencies and provide feedback about areas for further development in the next placement.

Process: Within the last two weeks of a placement, students will arrange and attend a meeting with the supervisor, and where indicated, also the placement coordinator, to review the progress of the placement. Following this meeting the students will upload the completed end-of-placement review form to Canvas. There are three aspects to the end-of-placement review:

1. **End-of-placement review form (Form C)**
   Supervisors are required to complete the end-of-placement review form (Form C) and discuss this assessment and the student's progress with the student prior to or on collaboration with the student during the end-of-placement meeting. The completed form should be verified and signed by the student, and supervisor then submitted to Canvas within 7 days after the end of placement for the Placement Coordinator (or suitably qualified delegate) to finalise.
2. **End of Placement assessments**
   Students must submit the required documents and assessments (see Unit Outline) no later than one day prior to the end of placement review meeting. The end of placement review cannot proceed until this step has been completed (see Unit Outline)
3. **End-of-placement review meeting**
   An end-of-placement review meeting is required to take place between the student and their clinical supervisor, and where relevant the placement contact person/agency representative may also be invited to attend to contribute to reviewing the student's professional performance within the organisation. Placement Coordinators may also attend, and students will be advised if this is needed. This meeting needs to occur within two weeks prior to the end date of placement. Students are responsible for arranging this meeting.

   During the meeting the student and clinical supervisor (and the agency representative and placement coordinator where relevant) will discuss the contents of the end-of-placement review form and the competencies. Students and supervisors should discuss any areas for improvement, and the student should seek the supervisor's feedback on how to further develop their clinical competencies. To support progression of competencies to the next stage, the EPR should be shared with the subsequent placement supervisor as a tool to assist with identifying relevant learning goals.

3.3. Placement Assessments

3.3.1. Portfolio documentation

Students submit placement-related assessments as part of the mid placement and end of placement review process. These assessments are activities undertaken on placement and reviewed by your primary supervisor. More details can be found in the assessment guides on Canvas, and in the Unit Outline. Students must ensure that they maintain a logbook throughout their placement, and that they provide a PDF version of the placement logbook to their supervisors on a fortnightly basis. All supervisors that have provided supervision in that fortnight are required to endorse, by signed notation, that the logbook is a true reflection of all placement activity. Students maintain these fortnightly PDF versions of the signed logbook and collate at the end of placement to submit to Canvas. Further information on preparing the logbook for supervisor sign-off can be found on Canvas and my.CMI.

3.3.2. Obtaining Supervisor Signatures

Students are responsible for ensuring they obtain their supervisors signatures on documents that require them. It is important that students do not use email when sending documents, unless the documents are deidentified and password protected.

3.3.3. Student Evaluation of Placement

You will be invited to provide anonymous feedback on the Placement Units at the end of the year via survey link. The feedback you provide is extremely valuable and enables Cairnmillar to engage in continuous improvement of its services. We appreciate you taking the time to evaluate your placement experiences and provide feedback.

4. PLACEMENT PROGRAM POLICIES

4.1. AHPRA and PsyBA Registration Standards, Guidelines and Policies

Students in this course hold general registration with the Psychology Board of Australia and are required under National and State specific Health Practitioner Regulation Laws to abide by registration standards to maintain their registration. CMI requires that students are familiar with and act in according with:

1. AHPRA and the PsyBA Registration Standards
2. PsyBA Guidelines and Policies

Please note that there are times where the student may be required make disclosures, such as to meet mandatory reporting obligations. If have a concern about needing to make a mandatory report, please discuss this with your supervisor, if this is appropriate. Alternatively, if this is not possible (e.g., the concern relates to the supervisor) please consult directly with the Placement Coordinator, Course Coordinator or Head of School.

4.2. Roles & Responsibilities

Onsite Clinical Supervisor
When there is an on-site clinical supervisor at the placement agency, the on-site Clinical Supervisor is responsible for:

- Orienting students to the organisation (e.g., relevant staff members, equipment, physical environment, organisational policy and procedure, etc.).
- Clearly establishing the student's role within the organisation, including details of the work expected.
- Developing a relationship with the student that facilitates open discussion of difficulties and potential problems.
- Demonstrating a commitment to the supervision relationship (e.g., setting up a regular supervision time, supervision contract, and discussing with the student about his/her learning goals).
- Providing specific and detailed feedback on all aspects of the student's performance, including direct observation of the student on at least 3 occasions (e.g., video or audio recording, co-therapy, sitting in) using the appropriate observation form (see Canvas for details).
- Where possible, providing an opportunity for the student to observe the supervisor, and other staff.
- Sighting student's case notes and written works on at least 5 occasions.
- Sighting and signing student's placement activity logbook and supervision journal.
- Alerting the Placement Coordinator of any concerns regarding the student's performance at the placement agency.

External Supervisor
When there is no on-site clinical supervisor at the placement agency, the External Clinical Supervisor's is responsible for:

- Where possible, liaising with Agency Representative periodically in regard to student's performance at the placement agency. The Placement Coordinator will also liaise with the Agency Representative periodically in regard to student's performance.
- Sighting student's case notes on at least 5 occasions.
- Sighting and signing student's placement activity logbook .
- Providing specific and detailed feedback on all aspects of the student's performance, including direct observation of the student on at least 3 occasions (via e.g., video or audio recording, co-therapy, sitting in, etc.) using the appropriate observation form (see Canvas for details).

- Alerting the Placement Coordinator of any concerns regarding the student's performance at the placement agency.

Agency Representative
When there is no on-site clinical supervisor at the placement agency, the Agency Representative is responsible for:

- Orienting students to the organisation (e.g., relevant staff members, equipment, physical environment, organisational policy and procedure, etc.)
- Clearly establishing the student's role within the organisation, including details of the work expected.
- Developing a relationship with the student that facilitates open discussion of difficulties and potential problems.
- Alerting the Placement Coordinator of any concerns regarding the student's performance at the placement agency.

4.3. Changes to Placement

4.3.1. Student Absences

Any absence of days from the placement must be reported to the agency contact in the first instance and via email to your supervisor and the placement coordinator. Please copy education@cairnmillar.edu.au into these emails.

Upon return to the placement the student should discuss with the supervisor how any missed placement days will be made up. The outcome should be advised via email to the Placement Coordinator. Students who need to change their end date of placement due to absences need to follow the placement extension instructions below.

4.3.2. Placement Extensions

Placements can only be extended under exceptional circumstances. All placements should have a clear start and end date as recorded on the original placement agreement. Students who need to extend placement need to discuss the potential extension and seek approval from their placement coordinator. Please refer to my.CMI for the full placement extension application process.

4.3.3. Supervision changes and absences

Students who change supervisors during a placement must complete the change of placement form and cannot commence supervision with the new supervisor until this is approved by the placement coordinator.

Changing Supervisor
Once students obtain or are allocated a supervisor(s) they are required to continue these supervision arrangements for the duration of the placement. However, on rare occasions it may be necessary to change supervisors during your placement, such as due to operational demands, staffing changes, or difficulties with the supervision arrangements or relationship. Students are required to take the following steps to gain CMI approval for changing supervision during a placement:

1. Contact the placement coordinator by email to advise of potential change of supervisor
2. Seek placement coordinator approval to change supervisors
3. Complete the change of placement form
4. Arrange a suitable handover process including a final supervision session with the outgoing supervisor and collaboratively develop a written summary (no more than one page) of the supervision to date that identifies strengths and areas for growth.
5. Ensure the outgoing supervisor signs off all logbooks and any other documents and/or assessments the supervisor has reviewed to the change of supervisor date,

6. Advise the outgoing and incoming supervisor that they will need to liaise with each other to provide relevant handover information, including a summary of the supervision work/focus, progress ratings, and any identified areas for further development.
7. Meet the new supervisor to review your progress, reflect on any learnings from your supervision experiences, and to establish the next phase of your development plan and supervision contract.

Canceling or rescheduling a supervision session
It is expected that both students and CMI provided or external supervisors observe common professional courtesies when changing or cancelling a supervision session. CMI requires that at least 24 hours' notice is provided by the student or supervisor to reschedule or cancel a supervision session. Exceptions apply where there are extenuating circumstances, such as emergencies.

Students with an external supervisor are required to discuss potential cancellations of session when entering a supervision arrangement as students may become liable for a supervision fee directly billed to the students by the supervisor.

Supervisors should discuss any planned absences and make suitable arrangements to ensure continuity of supervision. Please note that students must not continue placement without clinical supervision for more than 2 weeks. It is important that students and supervision have a clear understanding of who they can seek urgent advice from whilst on placement if the supervisor is not available. If an agency cannot provide alternative supervision by a Board-approved clinical supervisor, the student should alert their placement coordinator and request interim supervision.

4.4. Confidentiality, Informed Consent and Record Keeping

You can access some general placement forms here.

4.4.1. Confidentiality

Students are reminded that client information is confidential should always be discussed in a sensitive and respectful manner and only with appropriate people. Students are reminded that discussion of client information in open and/or public areas with staff or other students at their placement is inappropriate.

4.4.2. Informed Consent

The informed consent of a person must be sought before undertaking interventions with a person. A person gives informed consent if they:

- have capacity to give informed consent to the treatment or medical treatment proposed
- have been given adequate information to enable the person to make an informed decision
- have been given a reasonable opportunity to make the decision
- have given consent freely without undue pressure or coercion by any other person
- are able to freely communicate their decision in some form
- have not withdrawn consent or indicated any intention to withdraw consent.

The process of obtaining consent and any queries relating to the individual's capacity to consent should be discussed within supervision, and clearly documented within client case notes. Psychologists are required to obtain written informed consent from a guardian or parent prior to providing psychological services to a child. Children aged 16 years or older can provide informed consent if the psychologist has assessed them as a mature minor.

Students should use the agency's informed consent process, however where there is no informed consent form, students can use the CMI informed consent form.

4.4.3. Secure storage of client case notes and record keeping

Client case note secure storage
Client case notes created by students on placement must be stored in accordance with relevant state (e.g. the Victorian Health Records Act 2001) and national (e.g. the Privacy Act 1988) legislation. Prior to commencing placement, students, in liaison with the placement agency contact and their supervisor, must determine whether case notes can be stored with the placement agency. Where this is not possible it is mandatory that students store their case notes with the Cairnmillar Institute using their practice management software PracSuite. You can find more information about how to arrange access to PracSuite on my.CMI here.

School Placements
School placement can pose some challenges in relation to sharing confidential information and this can pose problems with continuity of care and access to client notes for the child. Students will need to liaise with their supervisor, the school principal and placement coordinator about specific confidentiality requirements within a school setting and make appropriate and approved arrangements about continuity of care and information sharing.

4.5. Risk and Incident Management and Reporting

4.5.1. Risk Management

Students on placement are required to ensure they are aware of and follow the placement agency processes and procedures for managing clients who pose a risk of harm to self or others, and in accordance with their professional, ethical and legal obligations as a registered health professional. The following provides guidance about risk management processes and further support for students who encounter situations where risk management is required.

Step 1: Conduct a risk assessment to self and/or risk of harm to others. Take appropriate further action and document your risk management approach/plan.

Step 2: Contact your supervisor to discuss the risk assessment and management of the client. If your supervisor is unavailable then contact appropriate agency staff (i.e., clinic director, placement contact if a psychologist) for assistance and support to manage the risk. If the appropriate agency staff are unavailable to support students on placement or take crises counselling, then contact the Cairnmillar Institute in the following sequence.

Step 3 (where applicable): Call CMI reception on (03) 9813 3400 and make it clear to the receptionist that the matter is an urgent risk matter, the receptionist will triage your call to an appropriately qualified Cairnmillar staff member.

Out of hours or reception is unavailable, contact individual staff members in sequence as follows:

1. Course Coordinator: Jon Mason 0409 656 835
2. Dean, Faculty of Psychology, Counselling and Psychotherapy: Linda Byrne 0416 166 277.
3. Executive Director: Kathryn von Treuer 0409 562 311

To ensure student safety on placement, students who escalate a risk management situation to the Cairnmillar Institute for support (Step 3) are required to make a critical incident report within 24 hours of the incident. You can find more information about critical incidents below, including a link to the report form.

4.5.2. Critical Incidents

Cairnmillar has a critical incident policy together with procedures that cover the action to be taken in the event of a critical incident, required follow-up to the incident, and records of the incident and action taken. The critical incident policies ensure the interests of students are managed

To be read in conjunction with placement unit outlines

appropriately. Such policies also ensure Cairnmillar are prepared for such incidents and have a clear protocol to follow in what can be distressing and upsetting circumstances.

To ensure that ongoing support is provided to a student in need, and that records of the incident are maintained, the following procedures apply.

A critical incident is a traumatic event, which may cause significant physical and/or emotional distress involving Cairnmillar staff and or its students. A traumatic event could include:

1. missing students
2. any fatality or serious injury
3. a serious traffic collision
4. homicide or suicide
5. verbal or psychological aggression
6. serious clinical incident
7. fire
8. explosion or bomb threat
9. an attempted robbery
10. serious threats of violence.

If a critical incident occurs, students must report the critical incident to the appropriate agency and CMI placement staff immediately and if located outside the agency (e.g., clinic, school) then you must advise the agency as soon as reasonably practicable that an incident has occurred. Following a critical incident students must complete and submit the critical incident report form to hr@cairnmillar.org.au and the course coordinator (jon.mason@cairnmillar.edu.au) within 24 hours of the incident.

4.5.3. Follow-up

Following a critical incident or a stressful or adverse clinical event, students should take measures to discuss the incident with their supervisor or other appropriate placement agency staff. Students who do not have the opportunity to do this due to unavailability of agency staff can contact CMI staff as per the sequence of contacts listed under in the risk management section above.

4.6. CMI Support Services

The following services are available to students:

- **Counselling & Support for Students:** Please refer to 'Counselling for Students' on my.CMI
- **Academic & Writing Support for Students:** Please refer to 'English and Academic Writing Support' and 'APA Support and Study Skills' on my.CMI
- **Other Support Services:** A searchable list of other support services can be found on my.CMI. See: Support for Students

4.7. Grievance Policy

Please refer to the Student Grievance Policy and Procedure in addition to the following information. Should students have a concern or grievance regarding any aspect of their placement, they should communicate this to their CMI placement supervisor or the placement coordinator where the supervisor is external to CMI in the first instance. The supervisor or coordinator will discuss the student's concerns and will collaborate with the student to determine the most appropriate course of action.

If the student's concern or grievance is not resolved to the student's satisfaction, or if the student is unable to discuss the matter with their supervisor or placement coordinator the student should

contact the Course Coordinator. At this point the student will be asked to complete and submit a formal grievance which will be responded to in writing.

Course Coordinator: Dr Jon Mason | Phone (03) 9813-3400 or email jon.mason@cairnmillar.edu.au

Placement Coordinator (post-reg): Phone (03) 9813-3400 or email pc-postreg@cairnmillar.edu.au

If the student's concern or grievance is still not resolved to the student's satisfaction, or if the student is unable to discuss the matter with a Course Coordinator, the student should then contact the Dean of the Faculty.

Dean: Prof Linda Byrne | Phone (03) 9813-3400 or email dean@cairnmillar.edu.au

If the student's concern or grievance is not resolved to the student's satisfaction, the student may then take their concerns to an external body. The appropriate body will be determined by the nature of the complaint. Students can access further information by first visiting: https://www.studyassist.gov.au/support-while-you-study/higher-education-student-complaints

5. GLOSSARY

Children and families: Psychological work with children aged 0-18, and their parents or carers. This may take the form of direct work (for example, CBT for an anxiety disorder) or indirect work (parent skills training, or behavioural work with a family member or carer designed to benefit a child under the age of 18). Individual supervisors are responsible for determining whether a client meets the criteria for 'children and families' and verifies this by signing the logbook. When working with infants, their caregivers and psychological issues relating to pregnancy and the first year of life, you should also consult the entry below relating to **perinatal work**.

Client Related Activities: Client-related activities support students to acquire graduate competencies as relevant to the level of graduate competency and/or the area or areas of practice undertaken and are distinct from direct client activities (though supportive of it).

Client-related activities may include the following activities: phone calls, focus groups, and meetings in the service of data-gathering or case management in support of service provision to clients; file review; report writing; team reporting and meetings where the student reports to the team to advise of client progress; delivery of psychoeducational content to service providers/organisation; completing log books and assessment tasks for the placement; supervision; professional development activities (e.g., simulated activities, role plays, workshops); travel with regard to client sessions.

Travel, in regard to client care, should be limited to a maximum of 20% of client-related activity hours; this is particularly relevant for regional and remote students on placement (APAC, 2019a).

Please note: Simulations must be recorded as client-related hours only. Simulation is a valuable professional development activity that allows you to safely practice and develop skills with people other than those receiving a psychological service from you. Typically, psychologists undertake simulation activities with supervisors and other colleagues, and can include practicing skills such as specific therapeutic techniques, neuropsychological testing, providing difficult feedback etc. Please record these activities as client-related hours in your logbooks.

Examples of Client Related Activities include:

- Supervision
- Administrative phone calls or meetings
- Reading/writing case/file notes
- Organising future appointments
- Scoring test material
- Writing reports
- Preparing for client contact supervision
- Organisational project
- Observing clinical interviews by other professionals (whereby the client is not necessarily a client of the student), and the student does not participate in the interview and remains passive
- Engaging in educational, professional and skills development activities, such as watching online or recorded materials of therapeutic techniques, attending webinars etc.
- Preparation of logbooks and placement forms
- Placement review meetings
- Presenting a client's case in a clinical review meeting where the student receives feedback from the team. When an appropriately qualified supervisor is present the student may include this time as supervision where the supervisor agrees.

Complex presentations: Work with clients who's presenting issues include overlapping neurodevelopmental disorders, severe mental disorders such as schizophrenia, bipolar disorders or

psychosis, clients at very high risk of suicide, clients under the care of statutory services or legislation, and clients at high risk of criminal conviction. Individual supervisors are responsible for determining whether a client meets the criteria for 'complex presentations', and verifies this by signing the logbook.

Direct Client Activities/Contact (DCC): Direct client activities provide opportunities for students to acquire graduate competencies as relevant to the level of graduate competency and/or the area or areas of practice undertaken, and may include the following activities directly in support of client-focused assessment or intervention: phone calls with clients; face-to-face contact with clients (including e-health modes of delivery); and meetings where the student reports to the team/ organisation (e.g. in the context of a nursing home, an employee assistance program), if the team/organisation will enact interventions to the client or is in fact the focus of interventions; work with clients, their families, employers, supervisors, teachers, health providers or legal guardians with regard to client care.

Please note the following in relation to accruing direct client hours:

- There are many ways that direct client activities can be accrued, and students and supervisors should read the definition of direct client activities carefully and ensure they log these hours appropriately.
- Students are expected to closely monitor their placement requirements on a fortnightly basis in consultation with the primary supervisor, including the rate at which hours are being accrued across the various categories (e.g., direct client contact, client related contact, supervision etc.).
- Students will be required to identify and report their logbook hours to date to their placement coordinator during the mid-placement review. Where the rate of accrual for hours is lower than expected, students are required to discuss potential solutions with their supervisor and/or placement contact prior to the mid-placement review meeting.
- In exceptional circumstances, students who accrue more or less direct client hours during a single placement can apply to count hours across placements towards the overall minimum required in the course (750 total and 300 direct client activity). Applications (via email) must be made in advance and approved by the placement coordinator.

Examples of Direct Client Activities include:

- Face to face, telephone or telephone meeting, session or intake with a client or their carers, families, employers, supervisors, teachers, health providers or legal guardians with regard to client care (e.g., to collect information, providing feedback about an assessment, explaining interventions).
- Observational assessments that form part of a clinical task you undertake alongside other psychological services you are providing to one of your *own* clients (e.g., doing an on-site school observation of one of your child clients)
- Provision of psychoeducation regarding a client to other stakeholders involved in client care
- Active participation in stakeholder/case conference meetings whereby assessment and /or advocacy for the client was an integral component of the student's participation
- Meetings, such as clinical case review meetings, where the student reports to the team/ organisation, if the team/organisation will enact interventions to the client or is in fact the focus of interventions
- Joint sessions between the student and another professional or supervisor in which the student is an active participant in the clinical process of the session.
- Conducting assessment, testing or intervention sessions for individuals, couples, or families.
- Providing psychometric assessment feedback
- Co-facilitating assessment or treatment sessions with another therapist (co-therapy); need to have an active role, does NOT include passive observation.
- Facilitating group treatment sessions

- Delivering a formal presentation to placement entity's clients or other stakeholders regarding psychologically related material (e.g., sharing a conceptualisation).
- Consulting with other professionals (e.g., acute care team, psychiatrist, case worker, teacher, multidisciplinary team) about the management of a client or gathering clinically relevant information (e.g., ward rounds, clinical meetings, phone or in-person discussion of impressions/ diagnosis/ treatment/ follow-up); does NOT include supervision sessions.

Neuropsychological Assessment: Assessment activities that require the student to use skills and methods beyond those involved in the routine assessment of presenting issues, clinical progress and psychosocial functioning over a course of psychological therapy. It will usually involve the synthesis of information derived from structured clinical assessments and standardised psychological tests, assessments or methodologies. Common examples include cognitive and other neuropsychological assessment, capacity and other medicolegal assessments, extended assessments of the risk of interpersonal violence or other forms of aggression, assessment for the purposes of diagnosing neurodevelopmental disorders, and personality assessment. Individual supervisors are responsible for determining whether the work undertaken with a client meets the criteria for 'advanced clinical assessment', and verifies this by signing the logbook.

Older adults: psychological work with adults aged over 65 years. Individual supervisors are responsible for determining whether a client meets the criteria for 'older adults', and verifies this by signing the logbook.

Perinatal work: Perinatal placements are those that include working with psychological issues relating to conception, gestation, birth and the first year of an infant's life. The work undertaken by a psychologist working in this relatively specialised area will often include working with mothers, fathers, caregivers and the infants themselves. A key focus of psychological practice in perinatal mental health is the mother-child dyad, with the infant being a key 'beneficiary' of the work, whether they are in the room or not.

Understanding how to enter your direct client work into your logbook can be challenging and should be discussed and agreed with your supervisor. Broadly speaking, however, hours should be logged in accordance with whether the primary focus of the assessment/intervention is directly related to the mother-child dyad or caregiver role. For example, where the perinatal work focuses primarily on the dyad relationship, adjustment to parenthood, or post-partum depression/anxiety, then the hours may be logged as child/family, as they are identified as a primary beneficiary of the intervention. In contrast, where the focus of the perinatal work is not significantly related to the caregiver role or the infant (e.g., birth trauma, intimate partner relationships, exacerbation of pre-existing mental health), then this should be logged as adult-only placement hours.

Placement completion: All required placement documents have been satisfactorily completed and uploaded to Canvas, including all preplacement documentation and all placement assessments.

Psychological Therapy: Evidence-based psychological interventions, based on a documented assessment, formulation and treatment plan of the client, and undertaken for the purpose of addressing the signs and symptoms of mental disorder. This will usually be aimed at individuals, couples or groups, seen over the course of several sessions.

Supervision: Supervision is the process of guiding students in their acquisition of graduate competencies for a specialised area of practice. It can be undertaken either individually or in a group. Supervision may use a range of methodologies that allow for face-to-face communication either in person or electronically.

Requirements for supervision:

1. Supervision in the Master of Clinical Psychology (Post Registration) course must be provided by a psychologist registered with the PsyBA and holds:
   - An area of practice endorsement in clinical psychology, and
   - Board approved supervisor status for providing supervision to postgraduate students (higher degree students).
2. Supervision is classified by APAC as a client-related activity (see above definition) and supervision hours are included in the total placement hours requirement for each placement
3. Supervision must be completed at the rate of one hour of supervision for every 7.5 placement hours for the initial 200 hours of a student's placement in a course after which supervision can be completed at the rate of one hour for every 15 placement hours.
4. To facilitate students learning and development, students are not permitted to have the same primary individual supervisor for both placement units.
5. At minimum, students should be undertaking supervision regularly in accordance with the supervision rate required, as stated above. The time between supervision sessions should not exceed 2 weeks.
6. Where students complete more placement hours than the minimum, they will need to undertake more supervision hours to ensure the above ratio of supervision to placement activity is maintained.
7. A minimum of 50% of supervision in any one placement must be in the form of *individual supervision*, with no more than 50% in the form of *group supervision*. Students are required to monitor this ratio to ensure they are meeting the minimum of 50% individual supervision requirement in each placement.
8. For each placement students should have a maximum of two supervisors (e.g., one individual and one group supervisor). It is important that for each placement students select supervisors with the appropriate expertise in the clinical focus area for that placement.
9. 10% of the supervision recorded in the logbook can be asynchronous (usually comprised of supervisor time spent reading notes, case reports, providing feedback etc.).

Total Placement Hours: Total placement hours = direct client hours + client related hours (including supervision hours). Total placement hours include all appropriately logged hours for each of these activities (direct client, client related which includes supervision hours) in a CMI approved placement and under the CMI approved supervision for each placement.

Working age adults: Psychological work with adults aged between 18 and 64 years. Individual supervisors are responsible for determining whether a client meets the criteria for 'working age adults', and verifies this by signing the logbook.