

Document Name and Version	7.6 Initial Readiness for Practice Assessment Procedure
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Date Policy Comes into Force	1 st October 2025
Date of Review	2028
Revisions	Replacement of previously readiness to practice framework and policies

1.

2. Section 1 – Introduction

3. Parent Policy and Purpose

- (1) To provide a transparent, consistent procedure for the implementation of the Readiness for Clinical Practice Policy by which learners demonstrate initial readiness to engage in clinical placement, ensuring they have achieved the necessary competencies, ethical standards, and professional requirements to work safely with clients.

Responsibilities

Student Responsibilities

- (2) Learners must only engage with the process when they are ready to do so through the demonstration of self-assessment and reflection.
- (3) Learners are responsible for demonstrating that they meet the clinical competencies required.
- (4) Learners are responsible for engaging in the process in a timely manner and adhere to all due dates set out by Faculty and Staff.

Staff Responsibilities

- (5) The clinical placement manager is responsible for ensuring that this procedure is implemented correctly.

Faculty

- (6) All Faculty and Adjunct Faculty involved in assessing students have responsibility for following this procedure.
- (7) The Programme Director or nominee, in consultation with the Registrar, has ultimate responsibility for implementing this procedure.

4. Section 2 – Procedure

Part A – Assessment of Readiness to Practice

- (8) Prior application for a readiness to practice assessment learners must have:
 - a. Achieved the required academic standards of the relevant stage in their programme

- b. Current student IACP membership
 - c. Completed and evidence of a minimum of 25 hours of personal therapy with an accredited therapist
 - d. Certificate of completion of TUSLA Children First e-learning programme
 - e. Satisfactorily completed the Garda Vetting process either with IACP or IICP
 - f. Obtained professional indemnity insurance
- (9) Learners must submit evidence of the above to the appropriate submission space by the deadline as established by Programme Director and/or Clinical Placement Manager.
- (10) Learners must also complete their clinical competencies checklist (CCCL) as appropriate for their programme/training (Appendix 1).
- (11) The documents submitted in (8) and (10) must be submitted a minimum of 28 working days in advance of a readiness for clinical practice assessment meeting.
- (12) A learner's documents will be reviewed by an assessment panel that may comprise
- a. Programme Director, or their nominee
 - b. A minimum of one Lecturer from the relevant programme
 - c. Clinical Placement Manager
 - d. Director of Counselling and Psychotherapy
- (13) The Director of Counselling and Psychotherapy may nominate another appropriate individual to an assessment panel as required or as they see fit.
- (14) Once learner documents have been submitted and reviewed a readiness for clinical practice assessment panel meeting will be arranged.
- (15) Based on the panel's assessment of the submitted documents a learner may be required to attend for an individual meeting with the assessment panel. This will be communicated to the learner in writing with 5 working days notice.
- (16) Where learners are required to attend an individual meeting, they must make themselves available for their readiness for clinical practice assessment

meeting. Should a learner not attend their assessment meeting they may have to delay commencement of their clinical practice placement.

Part B – Communication of Outcomes of Assessment of Readiness to Practice

- (17) Upon conclusion of the assessment procedure, Part B, the outcome will be communicated to the learner within 10 working days. The possible outcomes are
- a. Progress to practice placement – ready for practice
 - b. Progress to practice placement – ready for practice with conditions
 - c. Do not progress to practice placement – not yet ready for practice
 - d. Do not progress to practice placement – unsuitable for practice
- (18) Should an outcome of a learner's assessment be (8)a, the learner will be provided with a letter of endorsement.
- (19) Where learners receive a letter of endorsement they must provide the Clinical Placement Manager with details of their clinical supervisor, they must also engage with the clinical placement manager to identify a suitable placement and put in place a placement contract prior to seeing clients in a practice placement setting.
- (20) Where a learner is deemed ready for practice within conditions, (8)b, they may begin they may receive a letter of endorsement and begin practice as per (10). Learners must also reattend a monitoring readiness to practice assessment as per the Monitoring Readiness to Practice Procedure.
- (21) Where a learner is deemed not yet ready for practice, (8)c, they must reattend for a readiness to practice assessment within the specified timeframe.
- (22) Should a learner be deemed unsuitable for practice, a learner may exit their programme with the appropriate exit award if available.
- (23) Where a learner has received an outcome of not yet ready for practice they must submit documentation to demonstrate that they have achieved these conditions in advance of reattending for an assessment of readiness to practice

Part C – Repeat presentation for Assessment of Readiness to Practice

- (24) If indicated in their assessment outcome a learner may be required to reattend for an assessment of their readiness to practice.
- (25) Where a learner has been permitted to commence clinical practice placement with conditions they must, as detailed in their outcome, submit documentary evidence of meeting the specified conditions.
- (26) Learners are allowed to attend an assessment of their readiness to practice on a maximum of three occasions.

Part D – Appeal

- (27) Appeals to decisions made under this procedure and the Readiness for Clinical Practice Policy must be lodged within 10 working days of communication of the decision to the learner.
- (28) Appeals can only be made on the grounds of procedural irregularity or lack of fairness.

Appendix 1

Clinical Competencies Checklist – Initial Training

This checklist supports learners in self-evaluating current knowledge, skill level, personal readiness and professional competency in preparation for commencing client work. It is understood that this is a subjective assessment of the learner's present knowledge, skills and competency and that the learner will have had opportunities to develop and practice some of the competencies more than others. Faculty will give you feedback on your self-assessment, where relevant.

Rating Scale:

1. Do not see myself as in any way competent: I accept that major improvements are needed.
2. Significantly below average: I accept that I will need to work on this in future training.
3. Somewhat below average: I accept I will need to improve on this in future training.
4. Average competency: I have achieved competency but acknowledge there are improvements needed.
5. Somewhat above average: I am satisfied with my levels of competency but know improvements are needed.
6. Significantly above average: I am competent but will continue to need slight improvements.

Clinical Competency Checklist	
Student Name	
Student Number	
Programme/Stage of Programme	
Date	
Achievement in Level 6 Modules to Date. (Please review module learning outcomes in advance of completion – Refer to handbook).	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Conduct an initial/assessment interview with clients in simulated practice.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Ability to establish a clear contract including time, space and maintain appropriate boundaries.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Communicate the core conditions in all	1 σ 2 σ 3 σ 4 σ 5 σ 6σ

aspects of practice and training.	Comments/Evidence:
Understand and utilise empathic responses in simulated practice.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Demonstrate an understanding and practical application of PCT & CT	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Ability to perform clinical tasks to appropriate level: CORE and Suicide Intervention simulations, completion of paperwork.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Demonstrate sensitivity to the possible ways in which different cultures (including one's own) function and interact.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Engagement in an open feedback process, taking developmental feedback on board and translating feedback into action;	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Capacity to reflect at an intrapersonal level, recognising soft spots and limitations;	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Exhibit professional behaviours such as punctuality and organisational skills etc.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Evidence personal maturity and psychological robustness	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Exhibition high levels of self-awareness and capacity to suspend own values and agenda in the interest of the client;	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Ability to manage ethical considerations i.e. Work within the ethical guidelines of IACP and WGII.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:

Clinical Competencies Checklist – Training in new scope of practice

This checklist supports learners in self-evaluating current knowledge, skill level, personal readiness and professional competence in preparation for commencing client work. It is understood that this is a subjective assessment of the learner's present knowledge, skills and competency and that the learner will have had opportunities to develop and practice some of the competencies more than others. **Where a learner is seeking to move beyond their initial scope of practice as indicated by the training, they must reflect their in preparation for practice within a new area/scope.** Faculty will give you feedback on your self-assessment, where relevant.

Rating Scale:

1. Do not see myself as in any way competent: I accept that major improvements are needed.
2. Significantly below average: I accept that I will need to work on this in future training.
3. Somewhat below average: I accept I will need to improve on this in future training.
4. Average competency: I have achieved competency but acknowledge there are improvements needed.
5. Somewhat above average: I am satisfied with my levels of competency but know improvements are needed.
6. Significantly above average: I am competent but will continue to need slight improvements.

Clinical Competency Checklist	
Student Name	
Student Number	
Programme/Stage of Programme	
Date	
Achievement on programme to date	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Ability to establish a clear contract and maintain boundaries with clients within a new scope of practice.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Effective use of new core therapy skills in triads.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Evidences core conditions in all aspects of practice and training.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:

Ability to manage ethical considerations related to clients within a new scope of practice.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Exhibits professional behaviours such as punctuality and organisational skills etc.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Demonstrates understanding of core theories and appropriate use of core theoretical models' interventions in simulated practice.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Engagement in an open feedback process, taking developmental feedback on board and translating feedback into action.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Demonstration of sensitivity to the possible ways in which different cultures function and interact.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Capacity to reflect at an intrapersonal level, recognising soft spots and limitations	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Exhibition high levels of self-awareness and capacity to suspend own values and agenda in the interest of the client	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Evidences personal maturity and psychological robustness	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence:
Ability to perform clinical tasks to appropriate level	1 σ 2 σ 3 σ 4 σ 5 σ 6σ Comments/Evidence: