

Document Name and Version	7.7 Ongoing and Monitoring Readiness for Clinical Practice Assessment Procedure
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Revisions	Replacement of previously readiness to practice framework and policies

Procedure: Monitoring and Ongoing Readiness for Clinical Practice Assessment

1. Section 1 – Introduction

2. Parent Policy and Purpose

- (1) To provide a transparent, consistent procedure for the implementation of the Readiness for Clinical Practice Policy by which learners may be required to demonstrate ongoing readiness to engage in clinical placement, ensuring they maintain 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 have and can maintain the required clinical competencies.
- (4) Learners are responsible for notifying the College of any change in their circumstances which may impact on their ability to maintain their readiness to practice.

- (5) 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

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

Faculty

- (7) All Faculty and Adjunct Faculty involved in assessing students have responsibility for following this procedure.
- (8) All Faculty and Adjunct Faculty are responsible for ensuring that learners maintain their clinical competency such that client safety is not compromised.
- (9) The Programme Director or nominee, in consultation with the Registrar, have ultimate responsibility for implementing this procedure.

3. Section 2 – Procedure

Part A – Initiation of the Assessment Procedure

- (10) Learners may enter into to this procedure through one of two routes.
- (11) Route 1: Learners who have been endorsed for clinical practice must upon submission of their supervisors 60hr report undertake a monitoring and ongoing readiness for clinical practice assessment.
- (12) Route 2: Learners ability to maintain their ongoing readiness for clinical practice may be impacted due to circumstances or concerns including:
 - a. A health condition, or a change in an ongoing health condition that cannot be supported through the Reasonable Accommodation process
 - b. Failure to engage with, or seek, appropriate support for a health condition
 - c. Breach of IACP Code of Ethics and Practice
 - d. Academic and/or professional misconduct
 - e. A conviction or caution in Ireland or any other jurisdiction
 - f. A determination by a regulatory body responsible for regulation of a health or social care profession
 - g. Behavior that could, or has, negatively impact client and learner safety

- (13) Where the College becomes aware of such circumstances or concerns it may initiate this procedure, irrespective of the stage of the learners programme and training.
- (14) Where circumstances or concerns related to (12) are submitted to the Registrar or Director of Counselling and Psychotherapy, they must be made in writing.

Part B – Assessment of Ongoing Readiness to Practice

Route 1

- (15) Upon receipt of their supervisors 60hr report, learners are required to submit an updated clinical competency checklist, as per Initial Readiness to Practice Assessment Procedure Appendix 1.
- (16) The submitted clinical competency checklist and the supervisors report are reviewed by an assessment panel that may compromise the following:
- 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
- (17) The Director of Counselling and Psychotherapy may constitute the panel assessment panel as they see fit.
- (18) 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.
- (19) 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 be required to halt their clinical practice placement

Route 2

- (20) Upon receipt of concerns or knowledge related to circumstances as outlined in (12). The Registrar or Director of Counselling and Psychotherapy will

appoint a minimum of two members of Faculty to the panel in addition to acting as Chair of the panel.

- (21) No individual can be a member of the monitoring and ongoing readiness for clinical practice assessment panel where they have previously had involvement in the teaching and assessment of the learner in question.
- (22) The learner will be provided with written concern and a minimum of ten working days notice of the panel meeting and its arrangements.
- (23) Should the panel invite another individual(s) to attend the learner should be notified of this and provided with any additional documentation under consideration at least 5 working days in advance of the panel meeting.

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

- (24) 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. Continue with practice placement
 - b. Continue with practice placement with conditions
 - c. Do not continue with practice placement subject to one or more of the following:
 - c.i. The learner agrees in writing to undertake an agreed programme of study, development, support and/or supervision
 - c.ii. The learner is temporarily suspended from their programme
 - c.iii. Where a programme's structure allows, the learner is afforded the opportunity to complete the academic elements of their programme to enable achievement of an exit award
 - c.iv. The learner is withdrawn from the programme

Part D – Repeat presentation for Assessment of Readiness to Practice

- (25) If indicated in their assessment outcome a learner may be required to present for an assessment of their readiness to practice.
- (26) Where a learner has been permitted to continue clinical practice placement with conditions, they must submit documentary evidence of meeting the specified conditions.

- (27) Where a learner has been instructed to not continue with clinical placement they must reattending for an assessment of readiness to practice and submit documentation to demonstrate that they have achieved

Part E – Appeal

- (28) 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.
- (29) 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 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. Faculty will give you feedback on your self-assessment, where relevant.

Where you are completing this checklist as part of an ongoing assessment of readiness for clinical practice, please refer to your initial assessment and highlight areas of growth or areas where continuing improvement is required.

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 6 σ Comments/Evidence:
Conduct an initial/assessment interview with clients in simulated practice.	1 σ 2 σ 3 σ 4 σ 5 σ 6 σ 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 aspects of practice and training.	1 σ 2 σ 3 σ 4 σ 5 σ 6σ 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: