



# Promoting Inclusive Assessment in Doctorate in Clinical Psychology (DClinPsy) Training

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## Abstract

The Doctorate in Clinical Psychology (DClinPsy) requires trainees to develop advanced research skills alongside clinical competencies. To complete the 3-year full-time programme, trainees must successfully produce and defend a doctoral thesis as their final summative assessment. To support this, the Thesis Preparation Assignment (TPA) was previously introduced as a summative Year 1 assessment, aimed at helping trainees critically synthesise literature to justify their planned research. While aligned with programme-level learning outcomes (e.g., critically appraising evidence, planning independent research), the TPA posed significant challenges, including high failure rates and redundancy with subsequent tasks (e.g., preparing a thesis proposal and a research protocol). These issues disproportionately affected trainees with less prior research experience and created barriers to progression, undermining inclusivity. This paper focuses on how the TPA has been transformed into a formative assessment to promote inclusivity in the DClinPsy programme, designed to scaffold trainees to refine their work progressively while building confidence and gaining research independence. Preliminary feedback suggest that this approach reduces barriers to making progress with thesis research while maintaining alignment with programme-level learning outcomes. Importantly, it ensures that formative assessment acts as a meaningful bridge toward successful completion of the summative doctoral thesis.



## Introduction

Accredited by the British Psychological Society (BPS) and approved by the Health and Care Professions Council (HCPC), Doctorate in Clinical Psychology (DClinPsy) is a 3-year full-time programme combining advanced research training with clinical skills. To complete the qualification (level 8, FHEQ), trainees must produce and defend a doctoral thesis. Developing strong research skills is a core component of the training, and the ability to write a clear, well-justified research proposal is central to this process. Notably, clinical psychology has historically been dominated by Western, white perspectives and criticised for exclusionary practices both in training programmes and within the wider profession (McCubbin et al., 2023; Wood et al., 2017). In response, there is growing demand and efforts to decolonise the curriculum and widen participation among trainees from marginalised backgrounds.

At Lancaster University (LU), the programme introduced the Thesis Preparation Assignment (TPA) as a summative assessment in Year 1, to help trainees develop skills in critically synthesising literature and justifying thesis proposals. While aligned with programme outcomes, the TPA created challenges for trainees with less research experience, raising concerns about equity and progression. These concerns prompted a shift toward a formative approach, with the aim of creating a more inclusive learning environment and reducing unnecessary pressure at an early stage of training. This paper outlines how the TPA has been restructured as a formative assessment, and how feedback mechanisms are used to support and enhance the learning process.

## Learning, Assessment, and Feedback Structures in LU DClinPsy Research Training

Constructive alignment (Biggs et al., 2022) and self-directed independent learning (Thomas et al., 2015) have been long endorsed by LU DClinPsy (DClinPsy Handbook, 2022). Aligned with the intended learning outcomes (see Table 1), the teaching/learning activities are tailored to support trainees develop knowledge and skills in clinical psychology theory and research, produce a high-quality thesis project, and become an independent and reflective researcher. Whilst the curriculum and teaching content is partly specified by BPS, the experienced curriculum (McCormick & Murphy, 2008) involves trainees' active engagement with shaping their own learning with respect to their research interests and goals. As part of its commitment to decolonising clinical psychology curriculum, fairness and inclusivity (DClinPsy Handbook, 2024), LU DClinPsy recognises that not all candidates have had equal opportunities to gain clinical or research experience prior to entry and adapts the learning



experience to reflect this. Foundational research knowledge is introduced from Year 1, with the curriculum becoming more tailored as trainees progress, to better support those with less research experience. Accordingly, trainees are provided with core research teaching (e.g., qualitative research methods), and they are encouraged to develop further knowledge and skills in areas with respect to their needs (e.g., conducting semi-structured interviews). For this, trainees are provided with dedicated study days (one day a week); 30 extra bookable study days, which provide further space and flexibility for self-directed learning; 5-7 learning days with peer groups; internal and external resources, and a small budget for professional development.

Whilst the programme fosters a self-directed 'adult learner' approach, scaffolding learning (Wood et al., 1976) is ensured through supervision and feedback mechanisms. At the start of the training, trainees are given a booklet with a list of potential thesis topics offered by the staff. Trainees then choose up to five topics they are interested in or suggest their own topic. Based on these choices, each trainee is matched with a staff member, aka the research supervisor, who supports them through developing, implementing and reporting their thesis research. The process typically begins with initial discussions during monthly supervision meetings to refine the research idea, followed by guidance on conducting a literature review and shaping a viable research question. Supervisors then support trainees through finalising the study design and addressing ethical, practical, and research governance considerations. Formative feedback (Irons & Elkington, 2021) plays an important role in this process. Supervisors provide feedback on drafts of key documents (e.g., the thesis proposal, ethics documents, and the final doctoral thesis) across multiple occasions. Such feedback helps trainees refine their research ideas, strengthen their writing, and grow as independent researchers, easing the anxiety many feel at the start of the programme.

The main summative assessment in LU DClinPsy is the doctoral thesis, comprising a systematic literature review (SLR), an empirical study (ES), and a critical appraisal. To prepare trainees for undertaking their thesis projects, the programme previously included the 4,000-word TPA as a summative assessment in Year 1. This assessment required a systematic literature search, critical synthesis, justification of the planned ES, and early development of skills needed for the later SLR. Trainees received supervisory support, including draft feedback, to complete the TPA.

Although the TPA aligned with the programme's learning outcomes, it proved challenging for many trainees. High failure rates led to delays in progress, as resubmissions could take months. Feedback from trainees, external markers, and staff indicated that the assignment was overly demanding for Year 1 trainees, who were still developing their research skills. The



challenges had a disproportionate impact on trainees who came to the programme with limited research experience, hindering their progress and highlighting issues related to fairness and inclusivity within the programme. Furthermore, the task was seen as duplicative, since trainees later used the same resources to prepare their thesis proposal and, subsequently, their research protocol, which overlapped significantly. In response to these challenges, the programme revised the TPA for future cohorts.

## **Inclusive Assessment in LU DClinPsy Research Training**

In revising the TPA, the team sought to balance high-stakes summative assessment (OF learning) with low-stakes, learning- and process-focused formative assessment (FOR and AS learning; Sambell et al., 2012). The original TPA was a high-stakes summative assessment: failure could significantly halt a trainee's progress with their thesis project, creating anxiety and particular challenges for those with less prior research experience or skills. Additionally, the process was fragmented, with the thesis proposal and research protocol submitted at different times, which added redundancy and delays. From October 2024, the programme introduced a 'Thesis Proposal and Protocol' form, combining elements of the TPA, thesis proposal, and research protocol. The new system is formatively assessed, where trainees receive feedback and guidance to develop a feasible thesis project without their progress being stalled. Furthermore, the process is streamlined: instead of multiple separate submissions, trainees complete a single form in two stages, simplifying the workflow and supporting continuous learning. After being allocated to a supervisor, trainees work on Part 1 (2,000 words) of the form for four months, outlining the literature, rationale, aims, design, and stakeholder involvement, with supervisors providing detailed formative feedback across the four domains used for the TPA. Three months later, trainees revise Part 1 and submit Part 2 (1,750 words) covering methodology, ethics, and governance, which is reviewed and approved by supervisors. The full form is then externally reviewed as a thesis protocol, with outcomes of 'approved' or 'revise and resubmit,' after which trainees can proceed to ethics applications.

Aligned with Assessment FOR Learning and Assessment AS Learning principles (Sambell et al., 2012; Schellekens et al., 2021; Dann, 2014), the revised structure provides formative feedback and scaffolding whilst developing thesis proposals, promoting self-reflection, experimentation, and active engagement with feedback. This iterative, learner-centred approach helps trainees build confidence and research independence from Year 1 to completion of the thesis, while supporting equity and inclusion, particularly for those with limited prior research experience.



The revised process is guided by the effective assessment principles of validity, reliability, authenticity, and particularly fairness (Gipps & Stobart, 2009; Gulikers et al., 2004; McMillan, 2017). As with TPA, it has high validity, as it is meaningfully aligned with the competencies expected in doctoral-level clinical psychology research. The feedback is structured across four domains, supported with positive and negative indicators for each, ensuring that feedback is consistent and reliable across supervisors. It has high authenticity by closely mirroring the real-world academic and applied clinical psychology research, making the task both relevant and transferable beyond the assessment context. Finally, by replacing high-stakes, summatively assessed TPA and offering scaffolded support and opportunities to experiment and reflect, the new assessment promotes fairness, giving all trainees an equitable opportunity to succeed, regardless of their prior research knowledge and skills. Altogether, this approach fosters an inclusive, transparent, and meaningful learning experience.

A key challenge during the transition was ensuring that instructions and guidance were communicated clearly and at the right time. Although guidance was shared at various stages, some details were occasionally missed, and certain aspects of the process were not initially anticipated. When questions arose, additional clarification and updates were provided to the full cohort. This experience allowed us to reflect on how communication could be strengthened and to take a more proactive approach in identifying potential areas of confusion for both trainees and supervisors. In response, we have developed a more detailed guidance form and an assessment brief, which will be introduced with future cohorts to support a clearer and more consistent process.

However, further refinements are needed. For instance, accessibility provisions or reasonable adjustments (e.g., extended word count) should be formally incorporated into this assessment, aligning with existing programme practices. In line with the ethos of Assessment as Learning, mechanisms for peer feedback should be strengthened beyond the teaching activities. Supervision structures could also be made more flexible, whilst ensuring consistency across the team; for example, offering fortnightly 30-min meetings instead of monthly 1-hr sessions, when more frequent contact is needed. While some supervisors already adopt such practices, others might not be aware of the options available to them. Furthermore, supervisors could be encouraged to share such strategies and effective approaches with one another in designated spaces. Although monthly drop-in sessions are offered for the supervisor team, which is a valuable space for sharing good practices, attendance remains low. Exploring alternative formats or incentives to improve engagement



with these sessions could help foster a stronger culture of collaboration and continuous improvement.

## Conclusion

The new *Thesis Proposal and Protocol* assessment is designed to enhance the student experience by reducing redundancy and building foundational skills early on, with personalised support as trainees progress. Initial feedback from trainees and supervisors suggests the new system helps trainees gain research knowledge, build confidence as independent researchers, and engage actively with their learning, while serving as a meaningful bridge to the summative doctoral thesis. Further refinements will follow the collection of formal trainee and supervisor feedback. Other doctoral programmes could benefit from integrating scaffolded, formative assessments early in the curriculum to support research skill development, boost trainee confidence, and enhance overall progression toward the final thesis.

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## **Table 1: Assessment and feedback, intended learning outcomes, and teaching/learning activities for LU DClinPsy research training**

### **Programme-level Learning Outcomes: Subject Specific**

PLO1 - Identify and critically appraise research evidence relevant to practice

PL02 - Conduct service evaluation and small N research

PL03 - Conduct collaborative research

PL04 - Plan and conduct independent research i.e. identifying research questions, demonstrating an understanding of ethical issues, choosing appropriate research methods and analysis, reporting outcomes and identifying appropriate pathways for dissemination

### **Programme-level Learning Outcomes: General** [Outcomes relevant to research training]

B.1.1 (...) [Trainees] should be committed to reducing psychological distress and enhancing and promoting psychological well-being through the systematic application of knowledge derived from psychological theory and evidence

B.1.1.5 The skills, knowledge and values to conduct research that enables the profession to develop its knowledge base and to monitor and improve the effectiveness of its work



B.1.2.1 Knowledge and understanding of psychological theory and evidence (...), the knowledge required to underpin clinical and research practice

B.1.2.3 Clinical and research skills that demonstrate work with clients and systems based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation

<b>Assessment</b>	<b>Intended learning outcomes</b>	<b>Teaching hours / class contact</b>	<b>Self-directed learning</b>
Thesis proposal and protocol *	PL01, PL04, B.1.1, B.1.1.5, B.1.2.1	<ul style="list-style-type: none"> <li>- Learning sessions in Year 1 (e.g., introduction to thesis proposal, research design)</li> <li>- Group discussions and in-class exercises</li> <li>- Thesis supervision</li> </ul>	<ul style="list-style-type: none"> <li>- Study day (once a week)</li> <li>- DClinPsy Moodle resources</li> <li>- Institutional resources (e.g., 'critical writing' training)</li> <li>- External resources</li> <li>- Self-reflection</li> </ul>
Doctoral thesis – empirical paper **	PL02, PL03, PL04, B.1.1, B.1.1.5, B.1.2.1, B1.2.3	<ul style="list-style-type: none"> <li>- Learning sessions in Year 1 &amp; 2 (e.g., quantitative research methods, qualitative data analysis)</li> <li>- Group discussions and in-class exercises</li> <li>- Thesis supervision</li> </ul>	<ul style="list-style-type: none"> <li>- Study day (once a week)</li> <li>- Extra bookable study days (30 days in Year 3; 6 days can be used in Year 2)</li> <li>- DClinPsy Moodle resources</li> <li>- Institutional resources</li> <li>- External resources</li> <li>- Self-reflection</li> </ul>
Doctoral thesis – systematic literature review **	PL01, PL04, B.1.1, B.1.1.5, B.1.2.1	<ul style="list-style-type: none"> <li>- Learning sessions in Year 2 (e.g., introduction to literature reviews, qualitative reviews)</li> <li>- Group discussions and in-class exercises</li> <li>- Thesis supervision</li> </ul>	<ul style="list-style-type: none"> <li>- Study day (once a week)</li> <li>- Extra bookable study days (30 days in Year 3; 6 days can be used in Year 2)</li> <li>- Peer group learning days (5 days)</li> <li>- DClinPsy Moodle resources</li> </ul>



Assessment	Intended learning outcomes	Teaching hours / class contact	Self-directed learning
			<ul style="list-style-type: none"> <li>- Institutional resources</li> <li>- External resources</li> <li>- Self-reflection</li> </ul>
Doctoral thesis - critical appraisal (reflection) **	PL01, B.1.1, B.1.1.5, B.1.2.1, B1.2.3	<ul style="list-style-type: none"> <li>- Thesis supervision</li> <li>- Group discussions and in-class exercises</li> </ul>	<ul style="list-style-type: none"> <li>- Study day (once a week)</li> <li>- Extra bookable study days (30 days in Year 3; 6 days can be used in Year 2)</li> <li>- DClinPsy Moodle resources</li> <li>- Institutional resources</li> <li>- External resources</li> <li>- Self-reflection</li> </ul>

\* Formatively assessed through the second half of Year 1.

\*\* Summatively assessed at the end of Year 3.