


Dr Ian Gill

BSc (Hons). D.Clin.Psych. CPsychol



CONTACT

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PROFESSIONAL QUALIFICATIONS

Cognitive Analytic Therapy Practitioner Training

Association for Cognitive Analytic Therapy
2016-2019

Certificate in Psychotraumatology

European Society for Traumatic Stress Studies
2014-2016

Doctorate in Clinical Psychology (DClinPsy)

Lancaster University
September 2009 to August 2012

BSc (Hons) Psychology (First Class)

University of Manchester
September 2004- August 2007

PROFESSIONAL REGISTRATIONS

HCPC (Registration number: PYL28723)
British Psychological Society (Membership number: 296801)
Member of the Division of Clinical Psychology and Faculty of Eating Disorders
UK Psychological Trauma Society (membership number 14/038)
European Society for Traumatic Stress Studies (membership number 53285C5E9B126)

CLINIC LOCATIONS

Burnley, Huddersfield, Liverpool, Manchester and Warrington

PROFESSIONAL EXPERIENCE

CLINICAL LEAD/ CLINICAL PSYCHOLOGIST

September 2019—Current

Manchester Eating Disorder Service; Greater Manchester Mental Health NHS Foundation Trust

EDITORIAL BOARD MEMBER/ REVIEWER FOR CLINICAL PSYCHOLOGY FORUM JOURNAL

August 2018- Present

British Psychological Society/ Division of Clinical Psychology

SPECIALIST CLINICAL PSYCHOLOGIST

October 2014- Present

Clinical Partners Ltd/ Private work

PRINCIPAL CLINICAL PSYCHOLOGIST

October 2017 to August 2019

Eating Disorder Service; Leeds & York Partnership NHS Foundation Trust

SENIOR CLINICAL PSYCHOLOGIST

October 2014 to October 2017

Eating Disorder Service; Manchester Mental Health and Social Care Trust

SENIOR CLINICAL PSYCHOLOGIST

November 2016 to October 2017 (Locum, part-time)

Department of Secondary Care Psychological Therapies; Pennine Care NHS Foundation Trust

CLINICAL PSYCHOLOGIST

September 2012 to September 2014

Eating Disorder Service; Lancashire Care NHS Foundation Trust

TRAINEE CLINICAL PSYCHOLOGIST

September 2009 to August 2012

Lancaster University; Lancashire Care NHS Foundation Trust

RECENT PUBLICATIONS

Gill, I.J., Mullin, S., Simpson, J. (2015). Are metacognitive processes associated with posttraumatic stress symptom severity following acquired brain injury? *Disability and Rehabilitation*, 37: 692-700.

Gill, I.J., Mullin, S., Simpson, J. (2014). What Psychosocial and Psychological Factors are Associated with Posttraumatic Stress Disorder Following Traumatic Brain Injury in Adult Civilian Populations? A Systematic Review. *Brain Injury*, 28: 1-14.

Gill, I.J., Mullin, S. & Simpson, J. (2013). Do Diagnostic frameworks, quantitative research and clinical psychology: Some reflections. *Clinical Psychology Forum*, 252: 27-31.

Gill, I.J. (2012). An identity theory perspective of how trainee clinical psychologists experience the death of a client by suicide. *Training and Education in Professional Psychology*, 6: 151-159.

Gill, I.J., & Fox, J.R.E. (2012). A qualitative metasynthesis on the experience of psychotherapy for deaf and hard-of-hearing people. *Mental Health, Religion & Culture*, 15: 637-651.

Gill, I.J., Wall, G., & Simpson, J. (2012). Clients' perspectives of rehabilitation in one acquired brain injury residential rehabilitation unit: A thematic analysis. *Brain Injury*, 26: 909-920.

TYPICAL AREAS OF INVOLVEMENT

Personal Injury (Adults and Children- over the age of 16), PTSD, Anxiety Disorders, Depression, Road Accident, Effects of Automatism in Traffic Situations, Work Accident, Housing Stress, Psychological Aspects of Medical Negligence, Reliability of Witness, Employment Cases, Data Breach Cases

ADDITIONAL TRAINING/CPD

Introduction to Psychoanalytic Psychotherapy lecture series

Supervisor training

Motivational Interviewing Skills

Compassionate Focused Therapy

Identity and Culture in Cognitive Analytic Therapy

Advances in the Integrated Treatment of Complex Trauma

Trauma Focused Cognitive Behavioural Therapy

Leadership Skills

Cognitive Analytic Therapy - Introductory course

MEDICOLEGAL EXPERIENCE

Dr Gill began medicolegal reporting in 2015, and began accepting clinical negligence instructions in 2021, completing over 400 total reports per year. He has not yet been required to attend court. The ratio of instructions from claimants and defendants is approximately 90:10, majority claimant.