LTC15D110 / LTC15A004

University of East Anglia

LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL FORM

(taught programmes only)

for NEW COURSES and COURSE AMENDMENTS with RESOURCE IMPLICATIONS

Please refer to the course proposal Procedure and Guidance **CP-2013** to complete this or any other course proposal form: to ensure the correct form is being used; for information on early considerations and timescales; for general guidance on the course approval process; and for notes on completing the form.

Course Title(s)	**new course?** *note 1*		**If no, please give existing course code**
Certificate in Evidence Based Low Intensity CBT Practice (Psychological Wellbeing Practitioner Training)	**Y**		
School(s) of study & Faculty			
Norwich Medical School			
Proposer & proposer's school			
Marie Chellingsworth MED Professor Ken Laidlaw MED			
Proposed start date (of new course or of changes) *note 2*			
April 2016-March 2017 NHS commissioning year			

This proposal requires: *note 3*	**Prior approval by Council**	**Y**	**N**	**Prior approval by LTC**	**Y**	**N**

This form is in 5 parts:

Part 1 Summary and Rationale
Part 2 Business Case
Part 3 Academic Case including Programme Specification
Part 4 Key Information Set (KIS) data
Part 5 Approvals and Notification

The initiator is responsible for completing <u>parts 1-4</u>

LTC Summary: Proposal for PG and UG Certificate in Evidence Based Low Intensity CBT Interventions (IAPT PWP)

Background: *The Improving Access to Psychological Therapies (IAPT) programme is nationally funded development and expansion of stepped care psychological therapies services to deliver Cognitive Behavioural Therapy (CBT) and other National Institute for Health and Care Excellence (NICE) recommended interventions for people with depression, anxiety disorders and low mood; and the associated national training for two levels of practitioners to deliver this. Running since 2008, with recurrent funding through Department of Health to each region and centrally monitored against expansion plans and training numbers required this is a growth area and part of the new five year NHS plan. UEA currently only offers one level of this training the High Intensity CBT training for trainees working in the services. This year, we have been asked to also deliver the Low Intensity CBT training which is the programme proposed as a portfolio with the High Intensity course, to meet unmet regional demand and due to our expertise in this area (MC is a co-author of the national curriculum, led two other accredited programmes and sits on the Department of Health IAPT group).*

Reputational benefits: *PWP training is prestigious and successful national curriculum which was piloted for two years and been rolled out nationally for 8 years in major competitor universities such as Nottingham, Exeter, Reading, Newcastle. No new providers have been asked to come online for many years despite this being a large growth area so this request brings great reputational benefit. The portfolio of both programmes will drive further activity, with a >50% increase in current commission for the High intensity CBT training being requested along with the commission for 23 PWP places this year. PWP is a large growth activity, particularly the UG student route due to the prevalence of disorders that can deliver effective CBT interventions and the high volume work these practitioners can complete and UG students' retention in the role once qualified. Due to the success of IAPT in the UK. International interest in PWP training and services is high, with Australian IAPT now having three pilot centres running (MC is a Consultant to the programme) and a national roll-out planned. Other international countries, particularly Asia, have expressed interest, opening internationalisation opportunities that do not exist with high intensity training alone. UEA now co-runs the national IAPT and PWP conferences through SBK events that run up to 6 times per year and so our reputation in this area is visible nationally. MC and Prof. Laidlaw have just co-authored the new Department of Health CBT for Older People curriculum and materials and been asked to present these nationally.*

Revenue: *As a portfolio of high and low intensity CBT training, this increases the revenue to the university of the contract rising from £150,000 in 2015/2016 to just under £500,000 in 2016/17. Over 100 PWP places were purchased or commissioned regionally last year, and due to the fact that the services will now be requested in 2016 to increase their capacity for patients up from 15% to 25% of local need, this is a growth area and local services have expressed a preference to work with UEA for this training. In addition to due our experience in delivering PWP nationally and reputation in this field, we have received requests for additional training in other regions and areas for us to deliver more of this training which would not require further staffing, due to staffing being met by the commission funding. All costs of the programme are met by the commission including administrative and technical support. Any additional delivery or development brings improved viability and surplus*

Research: *IAPT services keep session by session patient outcome and satisfaction data which is published nationally via Department of Health. Running the portfolio opens many research opportunities with services and other training providers. MC is due to undertake a study looking at one of the PWP training methods to increase skills transfer with Prof. Bennett-Levy from Australia and Professor Lee from the Chinese University of Hong Kong. This collaboration is made possible by the potential of having the new programme. In Exeter, PWPs were trained to work in student wellbeing and offer evidence based, cost effective treatments to meet waiting lists and demand from the student population with mood problems, stress and anxiety. This was not researched at Exeter due to speed of implementation but a similar programme could be developed and its impact researched at UEA.*

Key Points:

- *Creation of the 45-day training award requires accreditation by the BPS. We envisage no difficulties due to experience in running two accredited PWP programmes already and having the accredited high intensity training. MC also helped to set up the accreditation procedure within the BPS.*
- *The accreditation requirements are for level 6 and 7 entry pathways to the training and for students to be co-taught but assessed on the relevant national mark grids at level 6 or 7. This has been done in for PWP training other universities for up to 10 years and due to the support materials for level 6 students and 70% practical nature of the programme and assessments has not posed any risks or increased use of student support. FMH is already delivering co-taught level 6 and 7 programmes at UEA.*
- *PWP training needs an exit award for both levels of students so they can become qualified on graduation and become accredited practitioners. This requires a 60 credit level 6 award to be reinstated.*
- *Accreditation requires adherence to the 2015 edition of the curriculum and a new BPS handbook is due for publication for courses to meet the quality standards. We have this document and the training is fully aligned with new requirements such as a live tape from practice and all consent and confidentiality agreements are in place due to the high intensity course.*
- *All filming and technical support costs are included*
- *The business case has been signed off by the Senior Faculty Manager and is considered both a viable bespoke commission and a very promising area of business development in the long-term.*

FULL COURSE PROPOSAL

Part 1 SUMMARY AND RATIONALE

Course One				
S1	**A**	**SCHOOL(S) OF STUDY**	Norwich Medical School	
note S1c	**B**	**FACULTY or FACULTIES**	Medicine and Health Sciences	
	C	**JOINT COURSE?** (ie owned/taught by more than one School)	**YES**	
			NO	X
	D	**NAME OF COURSE DIRECTOR** (Home School)	Marie Chellingsworth	
	E	**NAME OF DEPUTY COURSE DIRECTOR** (partner School, for Joint Courses only)	N/A	
S2 *note S2a*	**A**	**COURSE TITLE**	Evidence based Low Intensity CBT Practice (IAPT PWP)	
note S2b	**B**	**COURSE CODE**	TBC	
note S2c & S2d	**C**	**AWARD**	**Certificate**	
	D	**EXIT AWARD(S) AND TITLE(S)**	Certificate in Evidence Based Low Intensity CBT Practice (Psychological Wellbeing Practitioner) **Note:** Exit award needs approval by LTC for professional body requirements	
	E	**FULL/PART-TIME (please specify)**	Full time	
	f	**LOCATION (UEA Norwich, UEA London, Distance Learning)**	UEA	
	g	**AVAILABLE FROM:**	April 2016	
S3 *note S3a* *note S3b*	**a**	**PROFESSIONAL AWARD (if any)**	N/A	
	b	**ACCREDITING/VALIDATING BODY (if relevant)**	The British Psychological Society (BPS)	
		Website (URL)		
		Date when accreditation/ validation may take place	March 2016	
S4 *note S4*	**LEVEL**	Sub-degree (e.g. Cert. Dip.)	CERT	
		Undergraduate		
		Integrated Masters		
		Masters		

		Other postgraduate (please specify)	
S5 *note S5a*	**a**	**DURATION** (years or months)	6 MONTHS
note S5b	**b**	**MODE OF ATTENDANCE** (full-time, part-time, distance, other)	FULL-TIME
S6 *note S6*	**PLACEMENT(S)/WORK-BASED LEARNING REQUIRED**	YES / NO	YES: ; NO: X
		If YES, does this conform with the UEA's code of practice on placements?	
S7 *note S7*	**RELEVANT SUBJECT BENCHMARK STATEMENT(S)**	Counselling and psychotherapy	
S8 *note S8*	**ENTRY REQUIREMENTS**	Relevant care experience to meet national KSF Band 4 Trainee PWP job description. Employed as a trainee PWP receiving case management and clinical skills supervision. Those without recent study experience or qualifications are required to take the Health Online Access to IAPT module and assessment prior to commencing the programme. As required by the professional body, for students with a recognised core profession they must be able to access modules 1 and 2 only as top-up as they are not required to take module 3 and can APEL this module.	
S9	**JACS Subject Level Code(s)** To be completed by the Planning Office following approval of the Business Case		
S10	**UCAS ADMISSION CODE / COURSE CODE** To be completed by the Planning Office following approval of the Business Case		
S11 *note S11*	**FURTHER INFORMATION** available via…	m.chellingsworth@uea.ac.uk 01603 593810	
S12	**COURSE HIGHLIGHTS** (for publication in University Prospectus / Website / other publicity) **NB** Please include employability prospects/career possibilities		
note S12	The certificate in Evidence Based Low Intensity CBT (LICBT) provides trainee Psychological Wellbeing Practitioners (PWPs) and those working in a stepped care model of service delivery of psychological therapies with the required knowledge, confidence, competencies and skills to assess and support patients with anxiety disorders and depression in the self- management of their difficulties. NICE guidance for depression and each of the anxiety disorders sets out the range of different types of low-intensity evidence-based interventions appropriate for delivery by PWPs. Interventions are designed to aid clinical improvement of symptoms and their impact, as well as improving social inclusion, including return to work, meaningful activity or other occupational activities. PWPs do this through the provision of information and support for evidence-based low-intensity CBT interventions, physical exercise and supporting medication adherence as well as signposting to relevant agencies. Behaviour change theory and clear protocols for the delivery of CBT provide a framework which support an integrated approach to the choice and delivery of the interventions that PWPs provide. Those undertaking the course will learn to conduct a disorder specific brief assessment and funnel		

	choice of appropriate intervention to the patients presenting provisional diagnosis and problems. The interventions they deliver will include Behavioural Activation (BA), Exposure and Habituation, Worry Management, Sleep Hygiene, Practical Problem Solving and Cognitive Restructuring. The support methods PWPs employ may include delivery of treatment via the telephone, face to face, using computerised CBT or in group settings. Critical thinking skills and self reflection on practice will be key skills used to inform the training delivery to set the foundations of effective lifelong reflective clinical practice.

*****Please copy and paste the above table for additional (related) courses*****

S13	**RATIONALE FOR PROPOSAL**
note S13	Please explain why you are proposing this/these new course(s) or these course amendments, and why this proposal is being offered at this time. See guidance notes for further indication of what to include in this section.
	The improving Access to Psychological therapies (IAPT) programme is Government funded psychological therapies stepped care services and training, developed in 2005 and launched in 2008 to ensure people with depression and anxiety disorders get access to NICE approved psychological interventions, Low Intensity CBT certificate training is a key component of IAPT training and is usually offered as a portfolio with high intensity diploma CBT training to train the workforce. High Intensity Therapists who do the diploma and become accredited Cognitive Behavioural Therapists (CBT) work at step 3 of the service and Psychological Wellbeing Practitioners (PWPs) who deliver guided CBT self help and high volume activity and assessments as a first step intervention in all IAPT services nationally do the certificate training and work at step 2. PWP training has been running nationally since 2008 and still forms a key deliverable in Health Education England commissioning priorities numbers for PWP training have significantly increased beyond original commissioning plans year on year and are still growing annually. We have been requested by regional commissioners to extend our IAPT commissions in our existing IAPT CBT Diploma from 15 to 36 places in 2016/17 and to also provide them with an accredited Low Intensity CBT certificate programme with initially 23 places although further expansion of this activity is predicted to meet unmet regional need. UEA has not previously expanded to provide this PWP training to date, although there has been consistent regional demand. Last year, HEEoE funded over 90 PWP training places from other providers and this year have requested we help the to meet regional capacity which gives us a key opportunity to work with commissioners to deliver a high quality training at a time of significant IAPT service expansion being announced. IAPT training receives specific funding that goes to HEE and then is dispersed to regional areas such as (HEEoE) to commission these training courses. The IAPT programme is a separate funding stream and in the NHS Plan expanding Psychological therapies services is the only specific specified mental health activity in the next few years due to services moving from meeting 15% of local need to 25% of need of the local population with depression and anxiety. Due to the impact of the PWP workforce, the expansion is predicted to be in this specific workforce to meet that demand. This expansion of IAPT services will mean a drive of further funding to train more practitioners to meet this need at both levels going forwards into future commissioning cycles.

	The British Psychological Society (BPS) committee have been consulted about the development and accreditation of the programme and have made capacity for its provisional accreditation review in line with our timescales for the commissions. The new appointment to Executive Director (MC) has ten years experience in designing and implementing PWP training and accreditation systems, sits on the Department of Health IAPT group and is a co-author of the national curriculum. Therefore this expansion is a logical progression in line with strategic aims.

FULL COURSE PROPOSAL

Part 2 BUSINESS CASE

note BC

BC1	**ACADEMIC AND RECRUITMENT STRATEGY**	Consult with HOS, Faculty Dean, PLN, ARM (including Admissions)
BC1.1	**How does the proposal fit with the University's Corporate Plan?**	
note BC1.1	The course directly meets the strategy of developing our action mission and growing new courses in areas of high demand. The course team are in close communication with policy-makers and are responding to both an invitation to deliver the qualification but also the knowledge that this sector will grow significantly in coming years. The course also extends our market reach within the clinical psychology market. It allows us to expand the programme of courses in this area and secure a significant foothold in a lucrative market.	
BC1.2	**Proposed Recruitment Strategy**	
note BC1.2	In the first instance the course will be populated by commissioned places as part of a contract with Health Education England (HEE) with regional Health Trusts allocated places to existing staff. Trusts will be provided with confirmation of UEA's position as a provider and will market the opportunity of the course within their organisations. UEA will hold absolute control of admissions and will run a full application and interview process. This is akin to a number of other courses running in FMH already and there is no risk to quality of intake. The proposed intake of 23 students as part of the initial contract (April 16 – March 17) will allow sufficient income to meet development and running costs and to provide a contribution to school overheads. Higher intakes will be expected in subsequent years, both from further commissioning from HEE and supplementary incomes from add-on training modules. UEA will maintain control of all targets and will ensure minimum numbers of commissions are agreed in all cases.	
BC1.3	**Partnership and commercial sensitivity**	
note BC1.3	**Has this proposal, in outline, been approved by the Partnerships Office?**	**YES**
		NO N/A
	Please paste their comments below	

BC2 *note BC2*	**MARKET RESEARCH**	Consult with Market Research team

BC2.1	**What other and type of institution offers identical and/or similar courses in the UK?**
	There are thirteen providers accredited to the deliver the course by the British Psychological Society in England, Scotland and Wales. They include Exeter, UCL, Essex, Manchester and Newcastle (full list here). Only Essex is considered a direct competitor but informal feedback indicates the Essex course is not performing well leading to this invitation to UEA. Significant feedback suggests Trusts from across the region would prefer to work with UEA's clinical psychology department.
BC2.2	**Are there any likely international competitors?** (Please give brief details)
	Not considered relevant as training must be delivered in region in England and no examples of international competition in the market currently. There is some growing potential for exporting the courses to develop internationally and for research links with mature sectors abroad (most notably Asia and Australia).
BC2.3 *note BC2.3*	**What is the annual number of applicants currently applying nationally for similar courses, and what are the entry requirements for these competitor courses?**
	The minimum entry requirements are set by the BPS and this is a core national curriculum. UEA would expect to maintain the minimum entry requirements and be able to attract high quality candidates. There are nearly 2,000 PWPs trained annually. Although these figures have waxed and waned, as an entry level role the PWP training does have attrition and so services do have continuing PWP training and CPD needs to keep practitioners accredited.
BC2.4	**What is the evidence for current and future demands for the course from** **・ potential students?** **・ employers (public services, private sector, the professions etc)**
	The Improving Access to Psychological Therapies (IAPT) Department of Health programme was set up in 2008 and provides clinical services in each region for people with anxiety and depression to access for assessment and treatment and training for practitioners to work in the services. It has funded PWP and CBT training annually for 8 years to enable the clinical services to meet the Department of Health (DoH) target of 15% of the prevalence need for anxiety and depression in each health funded area and to meet attrition annually in addition. There is agreed funding to now move to the next phase of IAPT expansion to meet 25% of local need of those with anxiety and depression. MC sits on the Department of Health IAPT Workforce, Education and Training group and is a member of the IAPT Expert Reference Group which enables us to be informed of key developments in this area. Department of Health work closely with ministers to make 5-year expansion plans, Therefore we predict future demands to rise due to prevalence expansion. The current other regional provider took >90 funded students last year and this year we have been brought on in addition to split commissions with us due to our expertise in this programme (MC is a curricula author for PWP and has led two national programmes prior to being recruited to UEA to expand the IAPT portfolio) and we are the only provider nationally to have developed an IAPT access module for specific

	recruitment in services to match the national drivers for applicants to the PWP role from local communities which has been highlighted as a national gap in provision. We have also been approached by Berkshire Healthcare NHS FT, one of the largest IAPT service providers in the UK to become their PWP training provider should we become accredited and we are discussing this with them at very preliminary stages. In addition, PWP training can be accessed by self-funded students who have an IAPT placement and supervisor should there be a commissioning year where more numbers are required by UEA to increase income generation. PWP training posts in IAPT services are highly competitive with c300 applications per funded training post and as such, there are large numbers who want to train and work as a PWP. It is important that the BPS staff student ratio is always adhered to but numbers of trainees can increase in line with this. Finally having this programme running and BPS accreditation will drive the proposal of a joint 4 year MSc in Applied Psychology where students apply (Exeter have this programme and it attracts high tariff and has 97% employability in its first graduates) between MED/PSY where students come to MED after 3 years and undertake this training and a placement year in IAPT as a PWP in their 4th year and exit with dual accredited training and employment as a PWP. This has been discussed with PSY who want to develop this route and the BPS who will accredit the programme.
BC2.5	**Can current and projected demand be met from existing provision?**
	Nationally: No
	Regionally: No
BC2.6	**Where is/what are the competitive advantage(s) for UEA?**
	UEA is seen as a high quality provider of post-registration clinical psychology training in the region. The reputation has been built on IAPT and ClinPsyD successes and through significant relationship management by the department head and Executive Director. The module that supports UG entry is unique to UEA and newly developed for this specific requirement on the request of commissioners and services nationally. This should enable greater drive of activity though the programme than competitors. In addition, Marie Chellingsworth is a renowned expert in IAPT and PWP, making accreditation and access to professional networks much easier than for the bulk of competitors.

BC3 *note BC3*	**MARKET DEMAND AND RECRUITMENT**	Consult with Careers and Employability team
BC3.1	**What graduate career opportunities may be available?**	
	The course will lead students to be eligible to practice as a qualified PWP, progress onto the qualified job description with pay award and apply for accreditation as an individual PWP practitioner with the BPS or BABCP.	
BC3.2	**Who (externally) has been consulted about the proposals (e.g. Professional Associations, employers' groups, PSRBs)?**	

	The course has been commissioned by Health Education East of England.(HEEoE) and development of PWP training has been discussed with relevant external stakeholders and experts. Comments received are: 'It would be good to have PWP training at UEA that we can get staff onto who would make good practitioners who want to stay in the service' Dr James Clarke. Head of IAPT Services. Cambridge and Peterborough Foundation Trust. 'Having a PWP programme with your expertise is something I am sure not just regional but national IAPT services will want to engage with. The access health online module you have developed is innovative and I am happy to support by being filmed for this. Services want flexible training delivered locally to them and you are responding to that changing landscape' Kevin Jarman, Deputy Director of IAPT. Department of Health 'What we want is training that we can recruit the right people to at the right times that is a true partnership with us as employers. We would want to send our trainees to you if you have an accredited course' Head of Service, Hertfordshire Foundation NHS Trust. 'An excellent idea, your PWP training and resources is renowned as the leader in the field anyway and your move means UEA can position itself as the centre for training and research in LICBT. I would be happy to be External Examiner for the programme should you need me to' Professor Christopher Williams. President Elect, British Association of Behavioural and Cognitive Psychotherapies. Professor of Psychosocial Psychiatry. University of Glasgow.

BC4 *note BC4*	**STUDENT NUMBERS AND TUITION FEES**	Consult with HOS, PLN, Faculty Dean, FFM				
BC4.1	**Student Numbers**					
a	**Proposed student target intake**	number				
note BC4.1a	**Full Time (Home/EU)**	23 (initially)				
	Full Time (International)	-				
	Part Time (Heads)	-				
	Distance Learning (Heads)	-				
	Minimum viable intake (full times equivalents)	N/A				
	Maximum viable intake (full times equivalents)	N/A				
b	**Are the student numbers:**					
note BC4.1b	**a) available via redistribution within the School?** *Consult the Head of School*	**YES**	N/A	**NO**		
	b) available via redistribution with the Faculty? *Consult the Dean of Faculty*	**YES**	N/A	**NO**		
	c) additional numbers required? *Consult the Planning Office (PLN)*	**YES**	N/A	**NO**		
	Please give a summary of how your answers to a), b) and c) above will be achieved.					

	The initial contract will be offered at an intake of 23 students, potentially in two cohorts between April 2016 and March 2017. Students will be registered as full-time, although a significant proportion of learning will take place in their working environment. The group will be taught together but assessed for undergraduate certificate or post-graduate certificate dependent on prior experience and qualifications. As such, it is not possible to state the split of UG/PG but no students are expected to be resident on campus or to access facilities on a full-time basis.

BC4.2	**Tuition Fees**	
	Please select the relevant fee schedule:	
	a) Standard Home/EU/International	£5200 (contract fee per student)
	b) Full-cost *Please consult with FFM*	£4600 per student
	c) Other *Please provide brief details*	-

BC5	**IMPACT**		
BC5.1 *note BC5.1*	**EQUALITY AND DIVERSITY**	Consult with Equality & Diversity Manager and Widening Participation team	
a	**Does the course and/or School cover a subject area(s) which traditionally attract(s) a very specific or narrow student profile?**	**YES**	
		NO	X
b	**If yes, what steps will be taken to attract non-traditional students to the course/School?** (Aspects to consider include: age, disability, ethnicity (home and international), gender, sexual orientation, religion and belief, and socio-economic group.)		
	While Trusts will be encouraged to present a wide range of applicants, recruitment is limited to those holding contracts in that Trust.		
c	**Will students undertake placements/ come into direct contact with vulnerable groups as part of their study? If so, will a CRB be required?**		
	Yes, students will be working with vulnerable patients with depression anxiety however they are employed as trainees in the IAPT service and recruited onto the course as a job requirement and the employing service covers their DBS cost and undertakes this responsibility as part of employment conditions.		
BC 5.2 *note BC5.2*	**CURRENT STUDENTS AND/OR APPLICANTS**		
a	**Have School SSLCs been consulted regarding this proposal? If YES, what has been their input/response?**	**YES**	
		NO	X

	The IAPT student representative has been consulted and feel this is a sensible development as IAPT training should reflect both high and low intensity CBT training. Due to the days of IAPT CBT training they do not attend the SSLC in MED but have their own feedback and quality assurance process in line with other IAPT training courses. The MED SSLC will be consulted at the next opportunity but the offer of commissions was received very recently.		
b	**Will any current students or applicants be affected by this proposal?**	**YES**	
		NO (go to 5.3)	**X**
c	**Evidence of consultation of current students and written consent obtained** Please briefly describe what consultation has taken place and what responses there have been. Is there full support from all members of the relevant student cohort(s)?		
	The course currently running at UEA is an IAPT High Intensity course. Students select to undertake low intensity or high intensity training depending on their desired career progression and current experience therefore those students who selected high intensity would not have considered the low intensity courses. It is not usual for a student to train as high intensity and the train as PWP (low intensity). The current students are services were informed that a low intensity course was being developed which they thought was a good idea although the actual course being offered would not be applicable to them. We have consulted the regional services who have indicated that they would have sent their students to UEA had the course been available previously and how excited and pleased they are this will now be available for them.		
d	**Informing applicants** What arrangements have been made (for informing applicants who may be affected by any change(s)? Written notification, including advice about any alternative options that may be given, must be sent to applicants holding unconditional/ conditional firm or conditional insurance offers.		
	n/a		
BC5.3 *note BC5.3*	**ACADEMIC STAFF**	Consult with HOS, Dean of Faculty	
	What is the impact / what are the resource implications of the proposal on academic staff?		
a	**Please give an indicative number of <u>additional</u> teaching hours required within the school to deliver the new course/changes to the course in any one year**		3300
b	**Is a new discipline or specialism being introduced that requires a new appointment?**	**YES**	X
		NO	
c	**Are new appointments required to meet any additional hours?**	**YES**	X
		NO	
d	**If yes to either b or c above, how many of what type (eg Teaching and Scholarship, Teaching and Research) and at what level?**		

	Two appointments at ATS grade 4, senior lecturer are required and have been costed in (across the PG and UG route).		
e	**What is the source of funding for new academic staff?**		
	Contract income.		
f	**Are there any implications outside the sponsoring School/s e.g. service teaching, by other Schools of Studies?**		
	All activity is limited to Norwich Medical School.		
g	**Are any other teaching adjustments required? For example, will new modules be introduced, other modules withdrawn or combined?**		
	Only new modules will be required and these are listed in the Academic Case.		
BC5.4 *note BC5.4*	**COURSE RATIONALISATION**	Consult with HOS, Dean of relevant Faculties, PLN	
a	**DO ANY SIMILAR COURSES ALREADY EXIST AT UEA?**	**YES**	
		NO	X
	If YES, please specify Course name, UCAS Code(s) / Course codes		
b	**IS/ARE ANY COURSE(S) TO BE CLOSED TO NEW APPLICANTS AS PART OF THIS PROPOSAL?**	**YES**	
		NO	X
	If YES, please specify Course name, UCAS Code(s) / Course codes and date from which course(s) is to be withdrawn?		
c	**Please give an indicative number of teaching hours <u>released</u> within the school in any one year by the closure of the courses listed above**		N/A

BC6	**PHYSICAL RESOURCES**	
BC6.1 *note BC6.1*	**What new or additional facilities and /or equipment are required for the delivery of this course?**	
a	**Classroom and study facilities**	• Negligible increase in usage of teaching facilities on campus. • Rental of teaching facilities in region costed into commission
b	**Computer equipment**	N/A
c	**Other equipment**	N/A
d	**Consumables**	N/A
BC6.2	**What additional books/journals/electronic resources other than those already available will be required year by year until steady state is reached?**	
	Course will use existing electronic journals.	

	2 new unpublished textbooks may be needed within library resources when published if not already planned for purchase (2016). All other books on the reading list ae already available in the library catalogue with sufficient stock.		
BC6.3	**Are there any other special arrangements on which this course proposal will depend? (E.g. placements, year abroad).**	**YES**	X
		NO	
	If Yes, please give details of likely costs/whether appropriate agreements are in place/have to be drawn up?		
	Off-campus premises for some delivery have been identified and costed where necessary.		
BC6.4	**Are there any start-up costs (e.g. any initial publicity and promotion?)**	**YES**	
		NO	X
	If yes, please give details:		

BC7 *note BC7*	**IMPACT / RESOURCE IMPLICATIONS FOR OTHER UNIVERSITY SERVICES**	
COMPLETION OF THIS SECTION TO BE COORDINATED BY LEARNING AND TEACHING SERVICE (LTS) COORDINATOR		
Please circulate Parts 1 & 2 to the following for their comments (if any). Comments to be returned within 10 working days.		
note BC7	**What is the impact of the proposal on support staff and resources in the office for which you are responsible?**	
Date of circulation:		
BC7.1	Dean of Students (DOS)	
	n/a	
BC7.2	Deputy Dean of Students (accommodation)	
	Students whose courses are of less than a full academic year's duration are out with the University's accommodation guarantees. Since the students will be in employment within the region it is unlikely that they would be any demand for accommodation. In that unlikely event, students in the second cohort could be accommodated if there were vacant rooms. This would not be possible for those starting in April as rooms would be required for guaranteed students in September before their course ended.	
BC7.3	Director of Information Services (ISD)	
	Jonathan Colam-French - On the face of it these courses do not seem to place an undue additional burden on the provision of IT services.	

BC7.4	Director of Library Services (LIB)
	Nicholas Lewis - Our main query is to confirm that the students will be signed up as full-time UEA students and thus will be eligible for a UEA campus card to access all physical and online library services? The following response is provided on the basis that the above assumption is correct. We understand the proposals indicate "initially 23 places although further expansion of this activity is predicted to meet unmet regional need." We understand these will complement existing course provision i.e. for the IAPT CBT Diploma course (already provided by UEA) and this latter course will also increase its places in 2016/17 from 15 to 36 students. The library is able to provide the books needed which are either in stock or readily obtainable. This will involve purchase of extra copies to meet students numbers or new titles recommended within the course proposal documents. Other items on CBT are readily available in the library. E-books will be acquired where possible. The course proposals have indicated that they "will use existing electronic journals." It is the proposers' responsibility to check that the Library has access to the electronic journals required and that they are available in full-text for the years required - the UEA A-Z Journals list can assist with this process and we can provide support on request. Induction/information skills training can be provided by the Faculty Librarian or the Information Skills Librarian. Some consideration should be given to by school as to how much time will be needed for information skills training and that the library is clearly notified in advance of such needs. *Proposer response:* *Yes normal remote access as off campus delivery so usage predicted to be low and online access to journals in the main. All journal access needed has been checked and I have hand searched the library stock and volumes and all currently published books are in plentiful stock. The only two publications not stocked as they are not yet published are the following two:* *How to Beat GAD and worry step by step (2016) by Chellingsworth and Farrand and How to beat Panic by Farrand and Chellingsworth* *However these two are also recommended for student purchase so library stock isn't essential*
BC7.5	Careers Manager (CCEN)
BC7.6	Head of Learning & Teaching Service (LTS)
	The administrative support for this course could potentially straddle a number of offices, namely Admissions, the Workforce Hub, the School and LTS. Discussions have started regarding how the support could configured to provide the most efficient and effective service, especially providing seamless liaison between UEA and the different IAPT commissioning trusts. I understand that there is the equivalent of a full time admin post in the proposals (to cover both level 6 and 7), and we need to look further at the detail of the admin support required, and where this post, or posts, best resides.

	C Sauverin, 23/2/16
BC7.7	Head of Admissions (ARM)
BC7.8	Director of Planning Office (PLN)
	I have no objection to this course being approved and note that we are being asked to respond to a request by Health Education England. Student numbers will not be an issue as they will be NHS numbers and it is assumed that the Faculty will manage the overall SSR requirement within these additional resources (and existing resources if required) including any requirement set by the PSRB. Ideally we would be offering this course on a continuing basis to enable us to take advantage from economies of scale but I appreciate that HEE funding is uncertain at the moment. Presumably this is a programme that we could offer as a fee-paying course either instead of or alongside the HEE requirement should there be an opportunity? If this were to be run as a Student Finance England funded programme discussions would need to take place with the Fees Officer (Peter Courridge) as the current rate of funding would potentially be above the maximum allowable for regulated provision. However, this course may fall outside regulated provision requirements. Given that the proposed Award has previously been offered by the University this would not pose any challenges from a Planning Office/Graduation point of view if LTC were to approve re-introduction. Ian Callaghan Director of Planning 10 February 2016
BC7.9	Any other service or department
note BC7.9	

BC8	**ADDITIONAL COMMENTS**
COMPLETION OF THIS SECTION TO BE COORDINATED BY LEARNING AND TEACHING SERVICE (LTS) COORDINATOR	
Please circulate Parts 1 & 2 to the following for their comments (if any). Comments to be returned within 10 working days.	
note BC8	**Is there anything further to add to the proposal from the perspective of your service and expertise?**
Date of circulation:	
BC8.1	Market Research Manager (on Section BC2)
BC8.2	Careers Manager (on Section BC3)

BC8.3	Equality & Diversity Manager (on Section BC5.1)
	Level 6 Although the recruitment is restricted to those within the Trust, use of positive action statements is still requested to ensure maximum diversity from within that pool is achieved - it may attract wider attention and influence those applying to the Trust in the first place. Level 7 I would like to see positive action statements used in recruitment to this course – post graduate taught Psychology courses are at 90% female students, around 10% higher than the sector – so use of statements to attract men would be advisable. Also, although I don't have the same level of detail on ethnic profile or disability it would be advisable to also encourage a wide range of minority groups to apply as the profile is likely to be very White/able bodied currently. *Proposer response* *whilst noting this is not a psychology UG or PG programme but NHS mental health and wellbeing and nationally male/female/BME and disability rates within the PWP mental health workforce are often higher and better represented according to workforce data than in other NHS areas already but still not fully representational as seen across the healthcare sector) are:* *All interviews are conducted jointly with NHS service partners as the employer of the trainee and onto the national Department of a Health NHS Trainee job descriptions. Recruitment is targeted at those who meet the trainee job description and training entry criteria. Interviews are organised by the employing NHS Trust and a UEA representative will be on the panel. UEA and our NHS partners are committed to values-based recruitment reflected in the NHS Constitution and the 6 C's of Care, Compassion, Communication, Courage and Commitment. We welcome applications from non-graduates as well as those holding a degree and aim to widen participation to students from under represented groups in the NHS services and higher education setting including use of positive action provisions to encourage a more representative workforce where appropriate and as required by our NHS partners workforce constitution.*
BC8.4	Director of Planning Office (PLN) (on full Business Case)
BC8.5	Faculty Finance Manager (on full Business Case)
note BC8.5	Helen Latham - I am happy to sign off on this. I can confirm the price is based on the costing I completed.

BC9	**PROPOSER'S RESPONSE TO COMMENTS IN BC7 & BC8 ABOVE**
note BC9	

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 3 ACADEMIC CASE (including Programme Specification)

AC1	COURSE MANAGEMENT INFORMATION				
AC1.1	REGULATORY FRAMEWORK (please tick all that apply)				
	Undergraduate Regulations (including Integrated Masters)			x	
	Postgraduate Taught Regulations			x	
	Graduate Diplomas				
	PGCE				
AC1.2a	Is the course as a whole assessed on a pass/fail basis?	YES		NO	x
AC1.2b	Are any modules assessed on a pass/fail basis?	YES	x	NO	
AC1.2c	If so, how many modules and what is the credit volume for each module?				
	Each module has clinical pass/fail competency assessments which must be assessed outside of academic achievement. No module is fully assessed in this way, each also has an academic assignment (20 credits). The level 6 and 7 pathways have different learning outcome descriptors. assessment procedures and national mark schemes for the academic assessments.				

AC2 *note AC2.1*	YEAR WEIGHTINGS AND PROGRESSION REQUIREMENTS (For undergraduate or integrated masters courses only) Please select only from the permitted options - see UG/PGT regulations				
Stage *Note AC2.2*	Level	Year of course	Weightings	Progression requirement	Exit Award *Note AC2.3*
Stage 0	Level 3				
Stage 1	Level 4				
Stage 2	Level 5				
Year Abroad / in Industry					
Stage 3	Level 6				
Stage M	Level 7				

AC3	BOARD OF EXAMINERS				
AC3.1	Is there an existing Board of Examiners?	YES	x	NO	

AC3.2a	If YES, which existing board will be responsible for the course?	IAPT			
AC3.2b	If NO, please enter details for new board of examiners				
	Are any new external examiner(s) required?	YES	x	NO	
AC3.3b	If yes, how many?	1 (must meet BPS criteria for External Examiner on PWP programmes).			

PS	**PROGRAMME SPECIFICATION**
note PS	This part of the form will serve a dual purpose. Please read the guidance note carefully before completing

University of East Anglia
LEARNING & TEACHING SERVICE

PROGRAMME SPECIFICATION FOR AN AWARD OF THE UNIVERSITY OF EAST ANGLIA

Course name	Route code *note S2b*	Year
Certificate in Evidence Based Low Intensity CBT Practice (Psychological Wellbeing Practitioner)		

NOTE: Whilst the University will make every effort to offer the modules listed, changes may sometimes have to be made for reasons outside the University's control (e.g. illness of a member of staff) or because of low enrolment or sabbatical leave. Where this is the case, the University will endeavour to inform students.

PS1 COURSE PROFILE

note PS1

YEAR 1 profile				Level	This column will be deleted prior to publication
				CERT/PGCERT	
Module Code (TBA if not known)	**Compulsory? - or name of Option range**	**Credits**	**Module Title**	**Teaching period, eg Sem 1, Year-long**	**New / amended / existing**
TBA	Compulsory	20	Engagement and assessment in low intensity CBT	1	New
TBA	Compulsory	20	Evidence based low intensity CBT interventions	1	New
TBA	Compulsory	20	Values, diversity and context in low intensity CBT	2	New

PS3 PROGRAMME COHERENCE AND FEEDBACK CYCLES

note PS3

PS3.1 learning progression

How will progression in terms of skills, knowledge and understanding be reflected in the programme between modules in any one year and across the years as students progress through their course of study?

note PS3.1

The course follows the national curriculum and take modules 1 and 2 concurrently before moving to module 3. Key skills such as reflection and development of competency build across the three modules towards meta-competency skills.

Level 6 and Level 7 students academic work is marked differently according to academic level and uses separate national mark grids for this.

Assessments and learning strategies for each module are a compulsory part of the national curriculum and accreditation standards and are as follows:

Module 1) Learning and teaching strategy

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

Module 1) Assessment strategy

1. A filmed standardised role-play scenario with an actor where trainees are required to demonstrate skills in undertaking both triage within an IAPT service and a full problem focused assessment. This will be video-recorded and assessed by teaching staff using the standardised assessment measures. PASS/FAIL
2. A 3000 word reflective commentary on their performance on the above using a structured model of reflection.
3. Successful completion of the following practice outcomes to be assessed by means of a practice outcomes portfolio that is submitted at the end of the course but recorded against each module as an overall PASS/FAIL as follows:

- Demonstrates competency in undertaking and recording a range of assessment formats. This should include both triage within an IAPT service and problem focused assessments.
- Demonstrates experience and competence in the assessment of presenting problems across a range of problem descriptor including depression and two or more anxiety disorders.
- Demonstrates the common factor competencies necessary to engage patients across the range of assessment formats

Module 2) Learning and teaching strategy

Skills based competencies will be learnt through a combination of clinical simulation and role plays in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through

supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

Module 2) Assessment strategy

1. A video-recorded standardised role-play scenario with an actor of a low-intensity treatment session in which the trainee is required to demonstrate skills in planning and implementing a low-intensity treatment programme. This recording will be assessed by teaching staff using a standardised assessment measure PASS/FAIL
2. A 3000 word reflective commentary on their performance on the above using a structured model of reflection.
3. Successful completion of the following practice outcomes, to be assessed by means of a PASS/FAIL practice outcomes portfolio submitted at the end of the course but recorded to each module as follows:

- Demonstrates experience and competence in the selection and delivery of treatment of a range of presenting problems using evidence based low-intensity interventions across a range of problem descriptor including depression and two or more anxiety disorders.
- Demonstrates the ability to use common factor competencies to manage emotional distress and maintain therapeutic alliances to support patients using low-intensity interventions.
- Demonstrates high quality case recording and systematic evaluation of the process and outcomes of mental health interventions, adapting care on the basis of these evaluations

Module 3) Learning and teaching strategy

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

Module 3) Assessment strategy

1. A rated tape from the trainees real clinical practice with a patient in which trainees are required to demonstrate knowledge and skills in working with a person or people with a variety of needs from one or more of a range of diverse groups.
2. A 3000 word reflective case report of the patient in the submitted tape above in which trainees are required to demonstrate knowledge and competence in using low intensity CBT and case management and clinical skills supervision for the case they have treated.
3. Successful completion of the following practice outcomes as below, to be assessed by means of a practice outcomes portfolio submitted at the end of the course but recorded as PASS/FAIL against the module:

- Demonstrates the ability to engage with people from diverse demographic, social and cultural backgrounds in assessment and low-intensity interventions. This could include adaptations to practice working with older adults, using interpretation services/self-help materials for people whose first language is not English, and/or adapting self-help materials for people with learning or literacy difficulties.

- Demonstrates the ability to effectively manage a caseload including referral to step up, employment and signposted services
- Demonstrates the ability to use supervision to the benefit of effective (a) case management and (b) clinical skills development. This should include: a) a report on a case management supervision session demonstrating ability to review caseload, bring patients at agreed pre-determined thresholds and provide comprehensive and succinct case material; b) a report on use of clinical skills supervision including details of clinical skills questions brought, learning and implementation.
- A signed record by the supervisor and manager in practice in which the trainee records of supervision in practice and clinical work undertaken to evidence the completion of a minimum of 80 clinical contact hours with patients (face-to-face or on the telephone) within an IAPT service as a requirement of their training and a minimum of 40 hours of supervision of which at least 20 hours should be case management supervision and at least 20 hours should be clinical skills supervision. These 80 clinical contact hours and 40 supervision hours must be in addition to the 15 practice-based directed learning days directed by the course.

PS3.2 feedback cycle

Please explain how assessments and feedback / feed forward support the coherence of the programme. Comment on number and types of assessment, both formative and summative; the types and format of feedback students will receive; and their sequencing. How will assessments and feedback impact on subsequent modules?

note PS3.2

The skills of critical analytical reflection required in essays across the three modules are brought in from the first week of the programme though the use of Self-Practice Self-Reflection (Bennett-Levy, 2006) reflective blogs on Blackboard on directed learning days which enable regular feedback to be given to students on their reflective ability and for this to develop across the programme and between modules 1 and 2 and 3. In addition, all students will be able to access the Health Online skills section on reflective writing on clinical practice being developed as part of the Health Online module. Similarly, each module has a 70/30 split towards practical competency skills development to enable students to progress throughout so skills build and feedback is given in 1:3 role-play triads throughout the course. Students are marked on national mark grids checked for inter-rater reliability and detailed feedback is given to enable development of academic and clinical competencies.

PS4	EXAMINATIONS	note PS4

	Written	Practical (e.g. OSCES and OSPES)
How many modules will include an exam element?		3
How many hours of exams are there in Stage 0? (if applicable)		N/A
How many hours of exams are there in Stage 1?		2
How many hours of exams are there in Stage 2?		N/A
How many hours of exams are there in Stage 3?		N/A
How many hours of exams are there in Stage 4? (if applicable)		N/A
How many hours of exams are there in Stage 5? (if applicable)		N/A
How many hours does the programme (as a whole) include?		2

PS5	EQUALITY & WIDENING PARTICIPATION	note PS5
PS5.1	How do the admissions criteria specifically for this course ensure equality of opportunity for all applicants?	
	The admissions criteria are set to match the national curricula and ensure equality of opportunity for all applicants. Applicants are interviewed in service with the university present for the trainee job roles and for entry to the programme. The two levels are a requirement of the accrediting body to ensure all applicants have opportunity to train as a PWP and for widening participation. This has been discussed with Patricia Harris who feels the programme is a WP venture. Attrition from the UG PWP route nationally in training is minimal due to the support built in. The Health Online module and induction materials will increase the support we offer even further and evaluation measures will be put into place to ensure this student population is supported and attains the required outcomes.	
PS5.2	What steps have been taken to ensure an inclusive curriculum?	
	At Department of Health when the curriculum was commissioned and written being inclusive was a key deliverable. The curriculum has been peer and service user reviewed and has also been through annual reviews from educators offering the training and two formal national reviews of the curriculum. Inclusivity and ensuring it works to the WP agenda and and NHS values based recruitment has been a core feature of this.	
PS5.3	In what ways do learning and teaching and assessment methods ensure inclusivity, reasonable adjustment and equality of opportunity?	
	The course is assessed clinically ensuring all applicants are competent to undertake the clinical role, as well as academically. The academic assignment in each module is focused on reflection on own clinical practice. To ensure inclusivity and reasonable adjustment the academic assignment is offered at UG or PG level as required by the accrediting body and all clinical assessments have to be passed but marked as Pass/Fail outside of academic achievement.	

PS6	EMPLOYABILITY	*note PS6*
	How is employability embedded into the delivery of the course?	
	Employability is embedded in the delivery of the course as students are trainees in the clinical services and attend the training to meet the requirements of a qualified practitioner. The national curriculum trains students to meet the national job description and upon exit they are eligible to work as qualified in any UK IAPT service as a qualified practitioner or in other areas of the NHS using these skills with relevant supervision.	

AC4	MODULE OUTLINES FOR EXISTING COMPULSORY MODULES				
note AC4	Number of existing COMPULSORY modules	N/A			
	Module outlines attached? (as Appendix 1 to this form)	YES		NO	

AC5	MINOR CHANGES TO EXISTING MODULES	
note AC5	Please list all existing modules, compulsory and optional, to which you are proposing minor changes	
Module Code	**Module Title**	**Minor changes proposed**

AC6	NEW MODULES	
note AC6	How many new modules are being proposed?	3
Please complete a table AC6.x for each proposed new module		

AC6.1	NEW MODULE			
Module Title	Engagement and assessment of patients in Low Intensity CBT			
Level			6	
Credit Value			20	
Teaching period, eg Semester 1, Year-long			n/a	
Likely Module Organiser	Marie Chellingsworth			
Module Type (eg EX/CW/WW/PR etc)				
Does the Module include an Exam? Yes/No	YES	How long will the exam be? (ie 1, 2 3 hours)		45 mins practical
Module Marking Scheme (Please tick as appropriate)	Pass/Fail?	x	Percentage marking?	x
Proposed Module Code				

Module Delivery (eg distance-learning campus based, work placement)	Work based and taught contact sessions in workplace
Brief Description	PWPs or practitioners using Low Intensity CBT assess and support people in the self- management of their recovery. To do so they must be able to undertake a thorough disorder specific assessment and be able to identify the main areas of concern relevant to the assessment undertaken. They need to have knowledge and competence to be able to apply these assessment skills in a range of different assessment formats and settings. These different elements or types of assessment include screening/ triage assessment within an IAPT service; risk assessment; provisional diagnostic assessment; mental health clustering assessment; psychometric assessment (using the IAPT standardised symptoms measures); problem focused assessment; and intervention planning assessment. In all these assessments they need to be able to engage patients and establish an appropriate relationship whilst gathering information in a collaborative manner. They must have knowledge of mental health disorders and the evidence-based therapeutic options available and be able to communicate this knowledge in a clear and unambiguous way so that people can make informed treatment choices. In addition, they must have knowledge of behaviour change models and how these can inform choice of goals and interventions. This module will, therefore, equip PWPs with a good understanding of the incidence, prevalence and presentation of common mental health problems and evidenced-based treatment choices. Skills teaching will develop PWPs' core 'common factors' competencies of active listening, engagement, alliance building, patient-centred information gathering, information giving and shared decision making.
Aims / learning outcomes	1) Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models. 2) Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with people with common mental health disorders 3) Demonstrate knowledge of, and competence in using 'common factors' to engage patients, gather information, build a therapeutic alliance with people

	with common mental health problems, manage the emotional content of sessions and grasp the client's perspective or "world view". 4) Demonstrate knowledge of, and competence in 'patient-centred' information gathering to arrive at a succinct and collaborative definition of the person's main mental health difficulties and the impact this has on their daily living. 5) Demonstrate knowledge of, and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorder from a patient- centred interview. 6) Demonstrate knowledge of, and competence in accurate risk assessment to patient or others. 7) Demonstrate knowledge of, and competence in the use of standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making. 8) Demonstrate knowledge, understanding and competence in using behaviour change models in identifying intervention goals and choice of appropriate interventions. 9) Demonstrate knowledge of, and competence in giving evidence-based information about treatment choices and in making shared decisions with patients. 10) Demonstrate competence in understanding the patients attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments. 11) Demonstrate competence in accurate recording of interviews and questionnaire assessments using paper and electronic record keeping systems.
Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)	• Richards, D., Farrand, P and Chellingsworth, M. (2011) National curriculum for the education of psychological wellbeing practitioners. Department of Health. • Layard, R & Clark D.M (2014) Thrive: The power of evidence based psychological therapies. • Chellingsworth, M & Farrand, P. (2015) How to beat depression step by step using evidence based low intensity CBT.

	• Chellingsworth, M & Farrand, P. (2016) How to beat worry and generalised anxiety disorder step by step using evidence based low intensity CBT. • Bennett-Levy et al (2010). The Oxford Guide to Low Intensity CBT. • Farrand, P & Chellingsworth, M. (2016) How to beat panic step by step using evidence based low intensity CBT,

AC6.1	**NEW MODULE**				
Module Title	Evidence based Low Intensity CBT Interventions				
Level				6	
Credit Value				20	
Teaching period, eg Semester 1, Year-long				n/a	
Likely Module Organiser	Marie Chellingsworth				
Module Type (eg EX/CW/WW/PR etc)					
Does the Module include an Exam? Yes/No	YES	How long will the exam be? (ie 1, 2 3 hours)			35mins
Module Marking Scheme (Please tick as appropriate)	Pass/Fail?		X	Percentage marking?	X
Proposed Module Code					
Module Delivery (eg distance-learning campus based, work placement)	Work based and taught contact sessions in workplace				
Brief Description	PWPs aid clinical improvement through the provision of information and support for evidence-based low-intensity CBT and medication management of regularly used pharmacological treatments of common mental health problems. Low-intensity CBT interventions place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by behaviour change models and strategies. Examples of interventions include behavioural activation, exposure, cognitive restructuring, panic management, problem solving, CBT-informed sleep management, and computerised cognitive behavioural therapy (cCBT) packages as well as supporting physical exercise and medication adherence. Support is specifically designed to enable people to optimise their use of self-management recovery information and pharmacological treatments and may be delivered individually or to groups of patients where evidence supports their use and				

	through face-to-face, telephone, email or other contact methods. PWPs must also be able to manage any change in risk status. This module will, therefore, equip PWPs with a good understanding of the process of therapeutic support. Skills teaching will develop PWPs general and disorder-defined 'specific factor' competencies in the delivery of low- intensity CBT and support for medication concordance.
Aims / learning outcomes	1) Critically evaluate a range of evidence-based interventions and strategies to assist patients manage their emotional distress and disturbance. 2) Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance. 3) Demonstrate competence in planning a collaborative low-intensity psychological or pharmacological treatment programme for common mental health problems, including managing the ending of contact. 4) Demonstrate in-depth understanding of, and competence in the use of, a range of low-intensity, evidence-based psychological interventions for common mental health problems. 5) Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low-intensity interventions. 6) Critically evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols. 7) Demonstrate knowledge of, and competence in supporting people with medication for common mental disorders to help them optimise their use of pharmacological treatment and minimise any adverse effects. 8) Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.

Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)	• Richards, D., Farrand, P and Chellingsworth, M. (2011) National curriculum for the education of psychological wellbeing practitioners. Department of Health. • Layard, R & Clark D.M (2014) Thrive: The power of evidence based psychological therapies. • Chellingsworth, M & Farrand, P. (2015) How to beat depression step by step using evidence based low intensity CBT. • Chellingsworth, M & Farrand, P. (2016) How to beat worry and generalised anxiety disorder step by step using evidence based low intensity CBT. • Bennett-Levy et al (2010). The Oxford Guide to Low Intensity CBT. • Farrand, P & Chellingsworth, M. (2016) How to beat panic step by step using evidence based low intensity CBT,

AC6.1	**NEW MODULE**				
Module Title	Values, Diversity and Context				
Level				6/7	
Credit Value				20	
Teaching period, eg Semester 1, Year-long				n/a	
Likely Module Organiser	Marie Chellingsworth				
Module Type (eg EX/CW/WW/PR etc)					
Does the Module include an Exam? Yes/No	YES	How long will the exam be? (ie 1, 2 3 hours)			35mins
Module Marking Scheme (Please tick as appropriate)	Pass/Fail?		X	Percentage marking?	x
Proposed Module Code					
Module Delivery (eg distance-learning campus based, work placement)	Work based and taught contact sessions in workplace				
Brief Description	PWPs operate at all times from an inclusive values base which promotes recovery and recognises and respects diversity. Diversity represents the range of cultural norms including personal, family, social and spiritual values held by the diverse communities served by the service within which the worker is operating. Workers must respect and value individual differences in age, sexuality, disability, gender, spirituality, race and culture. PWPs must also take into account any physical and sensory difficulties people may experience in accessing services and make provision in their work to ameliorate these. They must be able to respond to people's needs sensitively with				

	regard to all aspects of diversity. They must demonstrate a commitment to equal opportunities for all and encourage people's active participation in every aspect of care and treatment. They must also demonstrate an understanding and awareness of the power issues in professional / patient relationships and take steps in their clinical practice to reduce any potential for negative impact this may have. This module will, therefore, expose PWPs to the concept of diversity, inclusion and multi-culturalism and equip workers with the necessary knowledge, attitudes and competencies to operate in an inclusive values driven service. PWPs are expected to operate in a stepped care, high-volume environment. PWPs must be able to manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision-making. PWPs need to recognise the limitations to their competence and role and direct people to resources appropriate to their needs, including step-up to high-intensity therapy, when beyond their competence and role. In addition, they must focus on social inclusion – including return to work and meaningful activity or other occupational activities – as well as clinical improvement. To do so they must have knowledge of a wide range of social and health resources available through statutory and community agencies. They must have a clear understanding of what constitutes the range of high-intensity psychological treatments which includes CBT and the other IAPT approved high-intensity therapies and how high-intensity treatments differ from low-intensity working. This module will, therefore, also equip PWPs with an understanding of the complexity of people's health, social and occupational needs and the services which can support people to recovery. It will develop PWPs decision making abilities and enable them use supervision and to recognise when and where it is appropriate to seek further advice, a step up or a signposted service. Skills teaching will develop PWPs clinical management, liaison and decision making competencies in the delivery of support to patients, particularly where people require intervention or advice outside the core low-intensity evidence-based interventions taught in module 2.
Aims / learning outcomes	1) Demonstrate knowledge of, and commitment to a non-discriminatory, recovery orientated values base to mental health care and to equal opportunities for all and encourage people's active participation in every aspect of care and treatment

	2) Demonstrate respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, race and culture. 3) Demonstrate knowledge of, and competence in responding to peoples' needs sensitively with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any physical and sensory difficulties service users may experience in accessing services. 4) Demonstrate awareness and understanding of the power issues in professional / service user relationships. 5) Demonstrate competence in managing a caseload of people with common mental health problems efficiently and safely. 6) Demonstrate knowledge of, and competence in using supervision to assist the worker's delivery of low-intensity psychological and/or pharmacological treatment programmes for common mental health problems. 7) Demonstrate knowledge of, and competence in gathering patient-centred information on employment needs, wellbeing and social inclusion and in liaison and signposting to other agencies delivering employment, occupational and other advice and services. 8) Demonstrate an appreciation of the worker's own level of competence and boundaries of competence and role, and an understanding of how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the worker alone. 9) Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work.
Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase)	• Richards, D., Farrand, P and Chellingsworth, M. (2011) National curriculum for the education of psychological wellbeing practitioners. Department of Health. • Chellingsworth, M., Davies, S & Laidlaw, K. (2016). National curriculum for the delivery of CBT with older people. Department of Health. • Layard, R & Clark D.M (2014) Thrive: The power of evidence based psychological therapies. • Bennett-Levy et al (2010). The Oxford Guide to Low Intensity CBT.

AC 7 *note AC7*	**DEFINED CHOICE**
How do you envisage 'Defined Choice' working for the course in question? Please specify, for each year of the course, defined choice within the 3 categories of: • Programme-specific choice • Enrichment and Employment modules (EEC) • Language choice	
N/A	

AC8 *note AC8*	**JOINT COURSES**		
	Is the proposed course is a joint course?	**YES**	
		NO	x
	If YES, how will the student experience be managed?		
	N/A		

AC 9	**COMMENTS/FEEDBACK FROM EXTERNAL PROFESSIONALS/ BODIES**
note AC9	**Please provide a summary of external professional feedback received. Append full reports as Appendix 2**
	No full report will be received until we submit for accreditation after the internal proposal is approved. The PWP accreditation with BPS was developed by MC and colleagues and this process will be a paper based review and accreditation until the first cohort have been through and then we will have a partnership accreditation panel visit in 2017.
note AC9	**Please provide a summary of Professional, Statutory or Regulatory Body (PSRB) approval, if appropriate. Append any relevant documents as Appendix 3**
	The Quality Standards and accreditation process is available here: http://www.bps.org.uk/system/files/Public%20files/2013_pwp_handbook_3rd_ed_final.pdf

AC10	COMMENTS ON ACADEMIC CASE AND PROGRAMME SPECIFICATION
COMPLETION OF THIS SECTION TO BE COORDINATED BY LEARNING AND TEACHING SERVICE (LTS) COORDINATOR	
note AC10	**Please circulate Parts 1, 3 & 4 to the following for their additional comments (if any). Comments to be returned to proposer within 10 working days.** **NB these comments should focus on the *ACADEMIC CONTENT* of the proposal**
Date of circulation:	9 February 2016
AC10.1	Careers Manager (CCEN)
No response received	
AC10.2	Learning & Teaching Service (LTS) Manager (UG or PGT, as appropriate)
No response received	
AC10.2	Equality & Diversity Manager (PPE)
No response received	

AC11	PROPOSER'S RESPONSE TO COMMENTS IN AC9 & AC10 ABOVE
note AC11	n/a

FULL COURSE PROPOSAL

Part 4 KEY INFORMATION SET (KIS) DATA

KIS	KEY INFORMATION SET data (undergraduate courses only)					*Note KIS*
KIS1	**Quantitative KIS data**					*Note KIS1*
		Year 1	Year 2	Year 3	Year 4	Year 5
1.1	Percentage of assessment by written exams					
1.2	Percentage of assessment by practical exams					
1.3	Percentage of assessment by coursework					
1.4	Percentage of time in scheduled learning and teaching activities					
1.5	Percentage of time in guided independent study					
1.6	Percentage of time on placements					
KIS2	**Professional Accreditation**					*Note KIS2*
2.1	Name of accrediting body (if applicable)					
2.2	Please give details, including any memberships, exemptions etc that the award confers. Please also give accrediting body website URL.					
2.3	Is the accreditation dependent on specific module choices? If so, please include URL of web pages where these details are outlined.					

FULL COURSE PROPOSAL

Part 5 APPROVALS AND NOTIFICATION

APPROVALS

Note AP

THIS SECTION WILL BE COORDINATED BY THE SECRETARY TO YOUR FACULTY TEACHING AND LEARNING QUALITY COMMITTEE (FLTQC)				
AP1	**APPROVAL OF THE BUSINESS CASE**			
	APPROVAL/SIGNATURES	**Name**	**Signature/ evidence of approval**	**Date**
AP1.1	School Director of Learning, Teaching and Quality	Mary Jane Platt	Mary Jane Platt (see below)	24 Feb 16
AP1.2	Head of School (on behalf of School Board)	Michael Frenneaux	Michael Frenneaux	24 Feb 16
	Minutes of MED Exec – 24 February 2016 *Chaired by Head of School* *Mary Jane Platt (Teaching Director) reported on the PWP proposal from ClinPsyD and indicated that she was very happy with the educational case. Helen Latham reported that she was happy with the budgetary arrangements. One point to note is that for those with a degree, there are no problems – 60 credits would be provided for a PG certificate, but for those without an UG degree, 60 credits are not normally available for an UG certificate and MED Exec resolved the following: a) to approve this process, but b) to emphasise to the LTQC that this is a crucially important course and to request that they would consider making a 60 credit award for such individuals.*			
AP1.3	Dean of Faculty (on behalf of Faculty Executive)	Mark Hitchcock on behalf of Dylan Edwards	Mark Hitchcock on behalf of Dylan Edwards	25 Feb 16
	I would be delighted to do so! I am not sure Dylan has had much of a chance to review it but we are happy with the business case for the programme structure that is outlined. If LTC recommend significant structure/staffing changes, we might need to revisit the finances. Regards Mark _____ From: Sarah Wright (LTS) Sent: 25 February 2016 11:49 To: Mark Hitchcock (PLN-FMH) Subject: IAPT PWP business case Hi Mark, LTQC have approved and supported the new course and I am just completing the signature section and I need confirmation from the Dean of Faculty, on behalf of faculty exec, that the business case is approved. Are you able to provide me with that confirmation ?			

AP1.4	LTC (if relevant)			
AP1.5	Council (if relevant)			
AP1.6	Reasons for approval being withheld (and by whom)			

AP2	**APPROVAL OF THE ACADEMIC CASE**			
AP2.1	**Head of School**	**Name**	**Signature**	**Date**
	Approved:	Michael Frenneaux	Michael Frenneaux	24 Feb 16
	Approved with amendments:			
	Rejected:			
	Comments (if any):	See MED Exec minutes above		
AP2.2	**Faculty Associate Dean (for Faculty LTQC)**	**Name**	**Signature**	**Date**
	Approved:	Emma Sutton	Emma Sutton	24 February 2016
	Approved with amendments:			
	Rejected:			
	Comments (if any):	Notes from LTQC Notes from LTQC This is a course with a nationally prescribed curriculum and learning objectives and there is a known need for the training in the region and nationally. HEE have already commissioned a number of places and there has been strong support provided for the Business case. In order to facilitate this programme LTQC was supportive of the reinstatement of the 60 credit Undergraduate Certificate for those students who meet the criteria to undertake the course but do not		

		have a prior degree. It was noted that this is in-keeping with the other providers offering this regulated curriculum.		
AP2.3	**PVC Academic (for LTC)**	**Name**	**Signature**	**Date**
	Approved:			
	Approved with amendments:			
	Rejected:			
	Comments (if any):			
Where applicable:				
AP2.4	**Secretary to Council**	**Name**	**Signature**	**Date**
	Approved:			
	Approved with amendments:			
	Rejected:			
	Comments (if any):			

FULL COURSE PROPOSAL

Note N1	**NOTIFICATION OF APPROVAL**			
This section should be completed by Faculty FLTQC Secretary once a course proposal has been approved. Its purpose is to ensure that relevant Offices are informed of the approval of course proposals (new courses and course amendments), in accordance with the procedures for course approval.				
FACULTY	FMH		**SCHOOL**	MED
NEW COURSE?	**Y**	**N**	**If NO, please enter existing course code**	
DEGREE AWARD (e.g. BSc/MA)	UG certificate (60 credits) – new award			
TITLE OF PROGRAMME	Certificate in Evidence Based Low Intensity CBT Practice (Psychological Wellbeing Practitioner Training)			
START DATE	**June 2016 (tbc) Feb 2017 (tbc)**		**LENGTH OF COURSE**	6 months

Course Approved by:	Name of Committee Chair	Date of approval
Faculty Learning and Teaching Quality Committee (FLTQC)	Emma Sutton	24 Feb 2016
Learning and Teaching Committee (LTC)		

RELEVANT OFFICE INFORMED? *insert date			
Planning Office	**Admissions and Marketing**	**Learning and Teaching Service**	**Union of UEA Students**
*	*	*	*
sis.records@uea.ac.uk	arm.operations@uea.ac.uk	Email the LTS coordinator responsible for the course	union.academic@uea.ac.uk

Note N1	**IMPLEMENTATION ACTIONS**
COURSE NAME	**NEW ROUTE CODE**

ACTION	**DATE**
COURSE INFORMATION LIVE IN ADMISSIONS	
PROGRAMME SPECIFICATION UPLOADED ONTO WEBSITE	
COURSE PROFILE UPLOADED ONTO SITS	
COURSE CLOSURES COMMENCED (where appropriate)	

UEA MODULE OUTLINE TEMPLATE

Section 1 General Information		
Module Title: Diversity, Values and Context in Low Intensity CBT		
Module code: TBC	**Credit value: 20** **Total student university effort hours: 200**	**Level: 6**
Academic Year: 2015/2016	**Semester: 1**	
Related modules: **Pre-requisites:** Engagement and assessment in low intensity CBT Evidence based low intensity CBT interventions		

Section 2 Module Description and Learning Outcomes	
Description What is this module about?	PWPs operate at all times from an inclusive values base which promotes recovery and recognises and respects diversity. Diversity represents the range of cultural norms including personal, family, social and spiritual values held by the diverse communities served by the service within which the worker is operating. Workers must respect and value individual differences in age, sexuality, disability, gender, spirituality, race and culture. PWPs must also take into account any physical and sensory difficulties people may experience in accessing services and make provision in their work to ameliorate these. They must be able to respond to people's needs sensitively with regard to all aspects of diversity. They must demonstrate a commitment to equal opportunities for all and encourage people's active participation in every aspect of care and treatment. They must also demonstrate an understanding and awareness of the power issues in professional / patient relationships and take steps in their clinical practice to reduce any potential for negative impact this may have. This module will, therefore, expose PWPs to the concept of diversity, inclusion and multi-culturalism and equip workers with the necessary knowledge, attitudes and competencies to operate in an inclusive values driven service. PWPs are expected to operate in a stepped care, high-volume environment. PWPs must be able to manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision-making. PWPs need to recognise the limitations to their competence and role and direct people to resources appropriate to their needs, including step-up to high-intensity therapy, when beyond their competence and role. In addition, they must focus on social inclusion – including return to work and meaningful activity or other occupational activities – as well as clinical improvement. To do so they must have knowledge of a wide range of social and health resources available through statutory and community agencies. They must have a clear understanding of what constitutes the range of high-intensity psychological treatments which includes CBT and the other IAPT approved high-intensity therapies and how high-intensity treatments differ from low-intensity working. This module will, therefore, also equip

	PWPs with an understanding of the complexity of people's health, social and occupational needs and the services which can support people to recovery. It will develop PWPs decision making abilities and enable them use supervision and to recognise when and where it is appropriate to seek further advice, a step up or a signposted service. Skills teaching will develop PWPs clinical management, liaison and decision making competencies in the delivery of support to patients, particularly where people require intervention or advice outside the core low-intensity evidence-based interventions taught in module 2.
Learning Objectives What will you learn? (subject specific and transferable skills)	**The learning objectives of this module are to:** 1. Demonstrate knowledge of, and commitment to a non-discriminatory, recovery orientated values base to mental health care and to equal opportunities for all and encourage people's active participation in every aspect of care and treatment 2. Demonstrate respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, race and culture. 3. Demonstrate knowledge of, and competence in responding to peoples' needs sensitively with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any physical and sensory difficulties service users may experience in accessing services. 4. Demonstrate awareness and understanding of the power issues in professional / service user relationships. 5. Demonstrate competence in managing a caseload of people with common mental health problems efficiently and safely. 6. Demonstrate knowledge of, and competence in using supervision to assist the worker's delivery of low-intensity psychological and/or pharmacological treatment programmes for common mental health problems. 7. Demonstrate knowledge of, and competence in gathering patient-centred information on employment needs, wellbeing and social inclusion and in liaison and signposting to other agencies delivering employment, occupational and other advice and services. 8. Demonstrate an appreciation of the worker's own level of competence and boundaries of competence and role, and an understanding of how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the worker alone. 9. Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work.
Links Where does this fit in to your programme?	This is the final module of three compulsory 20 credit modules that form the award of Certificate in Evidence Based Low Intensity CBT Interventions (Psychological Wellbeing Practitioner). This module runs after successful completion of module one 'Engagement and assessment in low intensity CBT' and module two 'Evidence based low intensity CBT interventions.

Section 3

Module Teaching Team	
Module Organiser (Including brief biographical description)	**Marie Chellingsworth**. Executive Director of CBT and Evidence Based Programmes in the Clinical Psychology Department in Norwich Medical School at the University of East Anglia. She has been involved in the delivery and dissemination of psychological therapies and CBT interventions for many years, previously working as IAPT Training Director at the University of Nottingham and then Director of the Postgraduate Certificate in Evidence Based Psychological Wellbeing (PWP)and BSc in Applied Psychology (PWP) programmes at Exeter University. She is a co-author of the Department of Health second edition of the PWP national curriculum (Richards, Farrand & Chellingsworth, 2011) and IAPT CBT for Older People curriculum (Chellingsworth, Davies & Laidlaw, 2016). She has authored a number of CBT, CBT self help and training materials used in the IAPT programme and sits on the Department of Health Workforce, Education and Training group. She is also consultant to the Australian IAPT programme.
Co-tutors on the Module	TBC 2 WTE Lecturers

Section 4
Learning Activities and Indicative Student Effort Hours

Learning Activity	**Total effort hours (module)**	**Indicative Effort hours per week**
a) Class sessions (Lectures, workshops, lab sessions, seminars etc.)	150	15
b) Pre-class preparation and follow-up study, background reading	20	2
c) Work-based Clinical work	225	22.5
d) Formative assessments/activities	20	2
e) Supervision and tutorials	10	1
Total effort hours (a + b + c + d + e – c) =	**200**	**42.5 with employed clinical practice, training and guided independent study.**

Section 5
Teaching Sessions

Timetabled sessions

Each taught university session will have a significant focus on the development of clinical competency and overall the module has a 70/30 split for theory to skills acquisition. Role-play in triads will be used to develop competence in low intensity CBT interventions with a minimum 1:10 staff to student ratio for observation and feedback on development. Theoretical teaching lectures will be supported through pre-

reading activities and guided independent study as well as online resources and reusable learning objects. Directed timetabled learning days in the workplace will be focused on skills practice and PWPs clinical days will operate in a stepped care, high-volume environment to gain the required clinical (80 hours) and supervision (40 hours) for the portfolio and completion of the award.
The 45 timetabled teaching days on the programme days are part of paid employment and as such a 100% attendance requirement is in place. Should attendance fall below 80% the module cannot be completed or passed. Should a student miss a taught session due to illness or other mitigating factors then they have to inform the course administrator and their service ensuring both parties are aware. On return, students are expected to write a 500 word summary of their personal leaning fro the teaching slides on Blackboard and make an action plan for their implementation of their learning into clinical practice and have this signed off by the personal advisor on the programme and the clinical supervisor in practice and then be submitted within the portfolio.

Directed timetabled learning days in practice

Whilst undertaking this module you are have timetabled university learning two days per week and clinical practice three days a week (full time in total). Two days per fortnight you will be in taught sessions in the university and two days per fortnight you will undertake directed timetabled university learning days undertaken in practice (or with the permission of your line manager in groups with other trainees from other services). These directed timetabled learning days are all compulsory and count towards the required hours and days for completion of the 45-day programme. Your work on those days will be formative assessment tasks (SP/SR), skills practice role-play with peers fro the training and qualified colleagues in practice, observation and shadowing in practice. Guided study and work on assessments is not within these days and should be undertaken though independent study.
The attendance requirements stated above apply to directed timetable days in practice as well as in university. Any sessions missed count towards the 45 days on the programme and the 100% attendance requirement. The university administrator and service must be notified and an action plan created, signed by the supervisor and university of how the directed learning clinical and academic tasks will be achieved submitted. This will then be submitted within the portfolio.

Clinical and Case Management Supervision

Course based clinical skills supervision:
Whilst undertaking this module, you will receive SP/SR supervision delivered by course tutors with a 1:12 minimum ratio. These hours can count towards your individual accreditation as a PWP and your portfolio supervision hours' requirement and should be logged in your log of supervision and signed by your personal advisor.

Service based case management supervision:
Once you pick up a clinical caseload, you must be receiving case management supervision from a member of the service who has been trained to undertake case management. This is focused upon the patients on your caseloads journey through the service and patients must be brought to case management at routine intervals in accordance with national supervision guidelines. You must record all case management sessions and keep a log in your portfolio, signed by your case management supervisor and at the end of the programme counter-signed by your line manager as an accurate record. Case management supervision should be weekly and individual for at least one hour. You are required to have at least 20 hours of case management supervision to pass the portfolio requirements.

Service based clinical skills supervision:
Clinical skills supervision should be delivered in the service by supervisor(s) who have been trained to undertake clinical skills supervision and are familiar with the PWP curriculum and interventions. Clinical skills supervision should be received at least fortnightly for one hour or more from the commencement of your training. Clinical skills supervision can be delivered in groups of up to 12 PWPs to each supervisor and should be focused upon skills development and maintenance in an educational delivery format. You may have different facilitators for different sessions or one allocated supervisor who should have received training in clinical skills supervision and be familiar with the PWP curriculum and evidence based low intensity CBT interventions and delivery formats. You must record all clinical skills supervision sessions and keep a log in your portfolio, signed by the clinical skills supervisor who

delivered the session and at the end of the programme counter-signed by your line manager as an accurate record. You are required to have at least 20 hours of clinical skills supervision to pass the portfolio requirements.

Clinical practice and caseload information

Whilst undertaking this module, three days per week you will be undertaking clinical work in your contracted role as a Trainee Psychological Wellbeing Practitioner and two days per week you will undertake university tasks and taught sessions. Caseloads for PWPs tend to be higher than for high intensity therapists and counsellors. This is because PWPs work by assisting patients to help themselves to use brief low intensity CBT interventions in shorter contact sessions between 10-35 minutes depending on activity and in different delivery formats such as using the telephone, groups, cCBT and 1:1 session. On average patients receive between 4-8 sessions of low intensity treatment.

During training, trainee PWPs should carry a reduced caseload, with the number of cases seen depending on the stage in training, building up to a maximum of 60-80% of a qualified PWP's caseload at the end of timetabled training and 100% of a full caseload whilst working towards practice outcomes and when qualified. PWPs should have 6-8 contacts on average per day. This equates to roughly 18-24 cases per week when training to 30-40 per week when qualified. Working on the above figures it is anticipated that PWPs in training will work with in the region of 170 patients during their training year. A fully qualified PWP can expect to help more than 250 patients every year although the figures depend upon the service specification and stepped care model it operates.

During this third module trainees should undertake disorder specific assessment of patients with anxiety and depression and deliver low intensity CBT treatment sessions using BA, Exposure and habituation and other evidence based interventions to reflect the module timetable under supervision. It is also important that trainees undertake cases of assessment and treatment of depression and anxiety disorders with patients who have an area of diversity to meet the assessment requirement of the module. This could include older people over >65 or a patient with a co-morbid long term health condition for example, augmenting sessions using the strategies taught within the module.

Supervisors and line managers will be given information about the timetable and caseloads prior to commencement of the programme and are invited to attend any taught sessions where they feel that they would benefit from updating their knowledge or observing the teaching by contacting the Executive Director to arrange this.

Section 6
Learning Support Materials

Required (Key) Reading	• Bennett-Levy, J., Richards, D., et al (2010). The Oxford Guide to Low Intensity CBT Interventions. • Chellingsworth, M., Davies, S., and Laidlaw, K. (2016). National curriculum for CBT with older people. Department of Health. • Chellingsworth, M., Kishita, N., and Laidlaw, K, (2016). A Clinician's Guide to Low Intensity CBT with older people. Department of Health. • Chellingsworth, M. (2016). A Clinician's guide to low intensity CBT Interventions. The University of East Anglia. • Chellingsworth, M & Farrand, P. (2015) How to beat depression step by step using evidence based low intensity CBT. • Chellingsworth, M & Farrand, P. (2016) How to beat worry and generalised anxiety disorder step by step using evidence based low intensity CBT. • Department of Health (2015) Curriculum for the Education of Psychological Wellbeing Practitioners.3rd Edition. UCL. • Farrand, P & Chellingsworth, M. (2016) How to beat panic step by step using evidence based low intensity CBT. • Layard, R & Clark D.M (2014) Thrive: The power of evidence based psychological therapies. • NICE (2011). Common mental health disorders. Identification and pathways to care. NICE clinical guidelines 123.

	• NICE (2011). Generalised Anxiety Disorder and panic disorder (with or without agoraphobia) in adults. Management in primary, secondary and community care. NICE clinical guideline 113. • NICE (2010). Depression in adults with a comorbid physical healthcare problem. Treatment and management. NICE clinical guideline 91. • NICE (2010). Depression: the treatment and and management of depression in adults (update). NICE clinical guideline 90.
Recommended further reading	• Richards, D., Farrand, P and Chellingsworth, M. (2011) National curriculum for the education of psychological wellbeing practitioners. Department of Health.
Other relevant study materials (e.g. CD/video/DVD resources, e-Books/Blackboard etc.)	Blackboard student area Health Online IAPT history and study skills module Health Online reflective writing guide UEA funnelling and assessment skills film clips UEA Low Intensity CBT resources Clinician's Guides and Self Help resources The IAPT website and resources.

Section 7
Formative Assessment

Formative assessment is assessment **for** learning as opposed to summative assessment which is assessment **of** learning. Its key purpose is to enable you to practice and demonstrate the academic skills and knowledge that you will be required to apply in your subsequent summative work, and to receive early feedback from your tutor(s).

Assessment Type	Assignment Deadline	Method of submission (in class, drop box, electronic etc.)	Return Date of marked work (where appropriate)	Method of return	Format and Purpose of feed-back feed-forwards
Self Practice / Self Reflection (SP/SR)	Fortnightly	Blackboard	N/A	N/A	Feedback on reflective ability will be given in clinical skills supervision groups and through the personal advisor process. This will feed forwards as the skills developed through the SP/SR process will enable a deeper critical analytical level of reflective ability to be developed that will prepare students for summative reflective commentary assignments in the module and through the programme.

SP/SR process and assessment detail
SP/SR is seen as the engine driver of competence in CBT and is an evidence based training strategy. It provides you with a unique insight into the therapeutic process by trying the interventions of low

intensity CBT on yourself to experience them from the inside out. Practitioners are guided through the training programme to build technical competence in low intensity CBT whilst Deeping self-awareness and therapeutic relationship skills with their patients though the SP/SR process. It enables you to build skills in critical analytical reflection on your own practice and competence levels and to put yourself in the shoes of the patient and see the intervention process from their perspective. These insights should lead to future actions to develop your own practice and clinical work with patients and lead to changes in what you do differently and what considerations you will make as a result.
Each time an intervention is taught weekly self-practice will be undertaken by all students and then self-reflection workbooks completed online via Blackboard. These will be uploaded by students by the deadlines and then themed by course tutors to form the agenda for the programme clinical skills supervision at the start of the next taught session. You will also respectfully reflect upon peer reflections enabling you to learn from each other. In module three, this will be focused on augmentations for areas of diversity and co-morbidity in clinical work. This should take approximately two hours per week and is a compulsory part of the module. Reflective blogs from across the programme will be submitted and updated with a revised action plan for future development as a qualified practitioner in the portfolio in this module.

Section 8
Summative Assessment

Summative assessment provides a measure of your performance in relation to a formal piece of assessed work – it is therefore often described as assessment ***of*** learning.
All summative assessments on the module MUST be passed individually to pass the module overall. There is no compensation for any component of assessment. Clinical skills assessments are marked as pass/fail and outside of academic weighting.

Assessment Type	% Weighting	Assignment Deadline	Method of submission	Return Date of marked work	Format of feed-back	Method of return	Non-condonable
PT - Practical	PASS/FAIL	See course information	Live OSCE	20 university working days from assessment	Mark sheet	Hub	YES

Assignment title and further details: You will submit a live treatment recording of a patient treatment session from practice. The patient should be a case of depression and anxiety that has an area of diversity and has required you to augment treatment for the needs of the individual. With this you will submit the assessment below to orientate the marker to the case. You must meet minimum competency levels for safe practice to pass this assessment. This must be passed *within a maximum permissible two attempts*. Failure on this assessment after the two maximum permissible attempts will result in termination of studies and the module cannot be passed or the award given.

Assessment Type and Sequence No 2	% Weight	Deadline	Method of submission	Return Date of marked work	Format of feed-back	Word limit	Method of return	Non-Condonable
WA - Written	75%	At the same time as	Online	20 working university	Mark sheet	3000	Hub	Yes

Assignment		the recording (see course details)		days from submission				

Assignment title and further details: 'A Reflective Case Report of a patient using low intensity CBT' You are required to undertake a reflective case report on the patient whose recording has been submitted in assessment 1 of the module. The case report will detail the referral or reason for help seeking, assessment and low intensity summary of presenting problems, treatment plan, treatment progress and outcome evaluation, plan for discharge and a critical reflective review of the case, the area of diversity and how this affected assessment and treatment planning and your use of case and clinical supervision to support working with the patient.
This assessment has a 3500 maximum word limit. Appendices can be used. This assessment will be marked at level 6 and must be passed to pass the module and be given the award.

Assessment Type and Sequence No 3	% Weighting	Submission date	Return Date of marked work	Format of feed-back	Method of return	Non-condonable
Signposting and service access project	25%	Submitted as a folder. See course details for information.	20 days after submission	Written mark sheet	Hub	Yes

Assignment details: You will complete a brief audit of your services access and recovery rates for areas of diversity and outline the strengths and an action plan of ideas for how these could be improved for your specific service using the template provided. Then you will create a signposting resource directory for your local service area of external agencies and groups that you can refer patients to for other problems they may have such as employment, educational, volunteering, relationship, debts and finances and submit these as a resource folder.

Assessment Type and Sequence No 4	% Weighting	Submission	Return Date of marked work	Format of feed-back	Method of return	Non-condonable
Competency Portfolio outcomes	PASS/FAIL	Submitted in module 3 when all outcomes and portfolio tasks are completed	20 days after submission	PASS/FAIL notification	N/A	Yes

Detail of competency outcomes: Successful completion of the following practice outcomes signed off by the practice supervisor(s) and countersigned by your line manager to be assessed by means of a practice outcomes portfolio that is submitted at the end of the course but recorded against each module as an overall PASS/FAIL as follows:

- Demonstrates the ability to engage with people from diverse demographic, social and cultural backgrounds in assessment and low-intensity interventions. This could include adaptations to practice working with older adults, using interpretation services/self-help materials for people

whose first language is not English, and/or adapting self-help materials for people with learning or literacy difficulties.

- Demonstrates the ability to effectively manage a caseload including referral to step up, employment and signposted services
- Demonstrates the ability to use supervision to the benefit of effective (a) case management and (b) clinical skills development. This should include: a) a report on a case management supervision session demonstrating ability to review caseload, bring patients at agreed pre-determined thresholds and provide comprehensive and succinct case material; b) a report on use of clinical skills supervision including details of clinical skills questions brought, learning and implementation.

A signed record by the supervisor and manager in practice in which the trainee records of supervision in practice and clinical work undertaken to evidence the completion of a minimum of 80 clinical contact hours with patients (face-to-face or on the telephone) within an IAPT service as a requirement of their training and a minimum of 40 hours of supervision of which at least 20 hours should be case management supervision and at least 20 hours should be clinical skills supervision will also be submitted in this module. The competency outcomes and portfolio must be passed within *two maximum permissible attempts* to pass the module and receive the award. As these outcomes build across the trainee programme, failure or highlighted concern of failure notified by the service supervisor or manager to meet a competency area will result in a thee-way action plan meeting between the trainee, programme team and service being implemented and a new final attempt deadline extension being set. No further periods of extension or submission are permissible as these outcomes and requirements are an output of the period working as a trainee across the training in clinical practice. Failure to pass the competencies or portfolio will result in termination from the award and means a minimum level of safe and effective practice across the training period has not been achieved. The portfolio is submitted in this final module and also contains a record of clinical cases seen as a trainee and interventions used, a signed log of hours of practice completed, SP/SR blogs and an action plan for future practice and development.

Section 9
Mapping Assessment to Module Learning Outcomes

Using the boxes below, indicate which outcomes may be demonstrated in the relevant summative assessments.

Learning Outcome	Formative assessment	Summative Assessment 1	Summative Assessment 2	Summative Assessment 3	Summative Assessment 4
1	**X**	**X**	**x**	**X**	**x**
2	**x**	**X**	**x**	**x**	**x**
3		**x**	**x**		**x**
4					**x**
5					**x**
6			**x**		**x**
7		**x**		**x**	**x**
8				**x**	**x**
9	**x**				**x**

Section 10
Attribute development

On this module you will develop knowledge, insights and attributes that are readily transferable into future or current work settings. The attributes are articulated below so you can understand how the module will help you thrive on your course and prepare you for this. **These attributes are also articulated within the UEA Award. Please indicate by checking (X) those sub-attributes that will be demonstrated via engagement with this module.**

Academic excellence		**Critical thinking & problem solving**		**Learning & personal development**		**Digital literacy and IT**	
In-depth and extensive knowledge, understanding and skills in chosen discipline(s)	☒	A capacity for independent, conceptual and creative thinking	☒	A commitment to developing professional values, self-insight and capabilities	☒	Confidently employ a range of digital technologies for academic and professional/ career development purposes	☒
The ability to collect, collate, analyse and critically engage with a wide range of information sources, and evidence	☒	A capacity for informed argument and logical reasoning	☒	The ability to respond positively to constructive criticism and feedback from peers, tutors and colleagues	☒	Use appropriate digital technologies and resources to locate diverse types of information for both academic and non-academic purposes	☒
The ability to analyse and critically engage with a wide range of concepts and ideas	☒	A capacity for problem identification and problem-solving	☒	Self-confidence and an ability to exercise own 'voice'	☒	The ability to critically evaluate and engage with the information obtained	☒
Self-management & professionalism		**Team working and leadership**		**Communication**		**Applied numeracy and technical proficiency**	
A capacity for taking responsibilities and ownership of actions	☒	An ability to co-operate and collaborate with others, including working to shared aims	☒	An ability to communicate in written form for different purposes, audiences and contexts	☒	An ability to perform routine calculations in daily tasks and in applied contexts	☐
An ability to manage time effectively, including setting priorities, juggling competing demands and meeting deadlines	☒	An ability to take other viewpoints, have empathy for other people's position and give constructive feedback	☒	An ability to communicate in person for different purposes, audiences and contexts	☒	An ability to analyse and interpret data and evidence	☒
An understanding of work cultures and practices, including work place professionalism	☒	An ability to motivate and lead others, including taking the initiative and delegating when required	☒	An ability to network effectively with others for specific purposes	☒	Proficiency in skilled techniques used for academic and professional purposes	☒
Career management		**Commercial awareness**		**Innovation and enterprise**		**Citizenship and stewardship**	
A capacity to reflect on and articulate qualities, strengths and attributes	☒	A knowledge of the link between academic subjects and their clinical applications	☒	The confidence to introduce and establish something new	☒	An understanding of your place within local and global communities	☒
The ability to research specific job and career areas	☒	An understanding of business priorities and the needs of employers	☒	The potential to take an idea through to its practical application	☒	An awareness of the need to manage shared and finite resources, including an appreciation of moral and ethical dimensions	☐
An ability to present your experience and attributes positively to graduate employers	☐	The ability to understand and prioritise patient and service needs	☒	The potential to apply an enterprising mind-set to situations	☒	An ability to improve the lives of others and lobby for positive change through community and/or political engagement	☒

Section 11
Module Enhancements
Changes made to this module in the light of student feedback and Module Review

The PWP training modules are a national curriculum and evaluated at national level. All learning outcomes and assessment methods are prescribed and a requirement of the accreditation body (BPS). The module will be reviewed each cohort and a 'You said, we did' feedback process implemented of how suggestions and feedback have shaped the module to close the feedback loop. In line with IAPT commissioning, a feedback report will be shared with relevant stakeholders of cohort results, cohort feedback and how feedback has been used to shape the programme.

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UEA MODULE OUTLINE TEMPLATE

Section 1 General Information		
Module Title: Evidence Based Low Intensity CBT Interventions		
Module code: TBC	**Credit value: 20** **Total student university effort hours: 200**	**Level: 6**
Academic Year: 2015/2016	**Semester: 1**	
Related modules: **Pre-requisites:** Engagement and assessment in low intensity CBT **Co-requisites:** Values, diversity and context		

Section 2 Module Description and Learning Outcomes	
Description What is this module about?	PWPs aid clinical improvement through the provision of information and support for evidence-based low-intensity CBT and medication management of regularly used pharmacological treatments of common mental health problems. Low-intensity CBT interventions place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by behaviour change models and strategies. Examples of interventions include behavioural activation, exposure, cognitive restructuring, panic management, problem solving, CBT-informed sleep management, and computerised cognitive behavioural therapy (cCBT) packages as well as supporting physical exercise and medication adherence. Support is specifically designed to enable people to optimise their use of self-management recovery information and pharmacological treatments and may be delivered individually or to groups of patients where evidence supports their use and through face-to-face, telephone, email or other contact methods. PWPs must also be able to manage any change in risk status. This module will, therefore, equip PWPs with a good understanding of the process of therapeutic support. Skills teaching will develop PWPs general and disorder-defined 'specific factor' competencies in the delivery of low- intensity CBT and support for medication concordance.
Learning Objectives What will you learn? (subject specific and transferable skills)	**The learning objectives of this module are to:** 10. Critically evaluate a range of evidence-based interventions and strategies to assist patients manage their emotional distress and disturbance. 11. Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance.

	12. Demonstrate competence in planning a collaborative low-intensity psychological or pharmacological treatment programme for common mental health problems, including managing the ending of contact. 13. Demonstrate in-depth understanding of, and competence in the use of, a range of low-intensity, evidence-based psychological interventions for common mental health problems. 14. Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low-intensity interventions. 15. Critically evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols. 16. Demonstrate knowledge of, and competence in supporting people with medication for common mental disorders to help them optimise their use of pharmacological treatment and minimise any adverse effects. 17. Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.
Links Where does this fit in to your programme?	This is the second module of the three compulsory 20 credit modules that form the award of Certificate in Evidence Based Low Intensity CBT Interventions (Psychological Wellbeing Practitioner). This module runs in parallel with module one 'Engagement and assessment in low intensity CBT' and precedes module three 'Diversity, values and context in low intensity CBT'.

Section 3 **Module Teaching Team**	
Module Organiser (Including brief biographical description)	**Marie Chellingsworth**. Executive Director of CBT and Evidence Based Programmes in the Clinical Psychology Department in Norwich Medical School at the University of East Anglia. She has been involved in the delivery and dissemination of psychological therapies and CBT interventions for many years, previously working as IAPT Training Director at the University of Nottingham and then Director of the Postgraduate Certificate in Evidence Based Psychological Wellbeing (PWP)and BSc in Applied Psychology (PWP) programmes at Exeter University. She is a co-author of the Department of Health second edition of the PWP national curriculum (Richards, Farrand & Chellingsworth, 2011) and IAPT CBT for Older People curriculum (Chellingsworth, Davies & Laidlaw, 2016). She has authored a number of CBT, CBT self help and training materials used in the IAPT programme and sits on the Department of Health Workforce, Education and Training group. She is also consultant to the Australian IAPT programme.
Co-tutors on the Module	TBC 2 WTE Lecturers

Section 4 Learning Activities and Indicative Student Effort Hours		
Learning Activity	**Total effort hours (module)**	**Indicative Effort hours per week**
f) Class sessions (Lectures, workshops, lab sessions, seminars etc.)	150	15
g) Pre-class preparation and follow-up study, background reading	20	2
h) Work-based Clinical work	225	22.5
i) Formative assessments/activities	20	2
j) Supervision and tutorials	10	1
Total effort hours (a + b + c + d + e – c) =	**200**	**42.5 with employed clinical practice, training and guided independent study.**

Section 5 Teaching Sessions
Timetabled sessions

Each taught university session will have a significant focus on the development of clinical competency and overall the module has a 70/30 split for theory to skills acquisition. Role-play in triads will be used to develop competence in low intensity CBT interventions with a minimum 1:10 staff to student ratio for observation and feedback on development. Theoretical teaching lectures will be supported through pre-reading activities and guided independent study as well as online resources and reusable learning objects. Directed timetabled learning days in the workplace will be focused on skills practice and PWPs clinical days will operate in a stepped care, high-volume environment to gain the required clinical (80 hours) and supervision (40 hours) for the portfolio and completion of the award.
The 45 timetabled teaching days on the programme days are part of paid employment and as such a 100% attendance requirement is in place. Should attendance fall below 80% the module cannot be completed or passed. Should a student miss a taught session due to illness or other mitigating factors then they have to inform the course administrator and their service ensuring both parties are aware. On return, students are expected to write a 500 word summary of their personal leaning fro the teaching slides on Blackboard and make an action plan for their implementation of their learning into clinical practice and have this signed off by the personal advisor on the programme and the clinical supervisor in practice and then be submitted within the portfolio.

Directed timetabled learning days in practice

Whilst undertaking this module you are have timetabled university learning two days per week and clinical practice three days a week (full time in total). Two days per fortnight you will be in taught sessions in the university and two days per fortnight you will undertake directed timetabled university learning days undertaken in practice (or with the permission of your line manager in groups with other trainees from other services). These directed timetabled learning days are all compulsory and count towards the required hours and days for completion of the 45-day programme. Your work on those days will be formative assessment tasks (SP/SR), skills practice role-play with peers fro the training and qualified colleagues in practice, observation and shadowing in practice. Guided study and work on assessments is not within these days and should be undertaken though independent study.

The attendance requirements stated above apply to directed timetable days in practice as well as in university. Any sessions missed count towards the 45 days on the programme and the 100% attendance requirement. The university administrator and service must be notified and an action plan created, signed by the supervisor and university of how the directed learning clinical and academic tasks will be achieved submitted. This will then be submitted within the portfolio.

Clinical and Case Management Supervision

Course based clinical skills supervision:

Whilst undertaking this module, you will receive SP/SR supervision delivered by course tutors with a 1:12 minimum ratio. These hours can count towards your individual accreditation as a PWP and your portfolio supervision hours' requirement and should be logged in your log of supervision and signed by your personal advisor.

Service based case management supervision:

Once you pick up a clinical caseload, you must be receiving case management supervision from a member of the service who has been trained to undertake case management. This is focused upon the patients on your caseloads journey through the service and patients must be brought to case management at routine intervals in accordance with national supervision guidelines. You must record all case management sessions and keep a log in your portfolio, signed by your case management supervisor and at the end of the programme counter-signed by your line manager as an accurate record. Case management supervision should be weekly and individual for at least one hour. You are required to have at least 20 hours of case management supervision to pass the portfolio requirements.

Service based clinical skills supervision:

Clinical skills supervision should be delivered in the service by supervisor(s) who have been trained to undertake clinical skills supervision and are familiar with the PWP curriculum and interventions. Clinical skills supervision should be received at least fortnightly for one hour or more from the commencement of your training. Clinical skills supervision can be delivered in groups of up to 12 PWPs to each supervisor and should be focused upon skills development and maintenance in an educational delivery format. You may have different facilitators for different sessions or one allocated supervisor who should have received training in clinical skills supervision and be familiar with the PWP curriculum and evidence based low intensity CBT interventions and delivery formats. You must record all clinical skills supervision sessions and keep a log in your portfolio, signed by the clinical skills supervisor who delivered the session and at the end of the programme counter-signed by your line manager as an accurate record. You are required to have at least 20 hours of clinical skills supervision to pass the portfolio requirements.

Clinical practice and caseload information

Whilst undertaking this module, three days per week you will be undertaking clinical work in your contracted role as a Trainee Psychological Wellbeing Practitioner and two days per week you will undertake university tasks and taught sessions. Caseloads for PWPs tend to be higher than for high intensity therapists and counsellors. This is because PWPs work by assisting patients to help themselves to use brief low intensity CBT interventions in shorter contact sessions between 10-35 minutes depending on activity and in different delivery formats such as using the telephone, groups, cCBT and 1:1 session. On average patients receive between 4-8 sessions of low intensity treatment.

During training, trainee PWPs should carry a reduced caseload, with the number of cases seen depending on the stage in training, building up to a maximum of 60-80% of a qualified PWP's caseload at the end of timetabled training and 100% of a full caseload whilst working towards practice outcomes and when qualified. PWPs should have 6-8 contacts on average per day. This equates to roughly 18-24 cases per week when training to 30-40 per week when qualified. Working on the above figures it is anticipated that PWPs in training will work with in the region of 170 patients during their training year. A fully qualified PWP can expect to help more than 250 patients every year although the figures depend upon the service specification and stepped care model it operates.

During this second module (run in parallel with module 1: Assessment and engagement in low intensity CBT) trainees should undertake disorder specific assessment of patients with anxiety and depression and deliver low intensity CBT treatment sessions using BA, Exposure and habituation and other evidence based interventions to reflect the module timetable under supervision. It is not recommended PWPs carry

out any intervention in practice until they have been taught the declarative theory and procedural requirements of it on the programme.
Supervisors and line managers will be given information about the timetable and caseloads prior to commencement of the programme and are invited to attend any taught sessions where they feel that they would benefit from updating their knowledge or observing the teaching by contacting the Executive Director to arrange this.

Section 6
Learning Support Materials

Required (Key) Reading	• Bennett-Levy, J., Richards, D., et al (2010). The Oxford Guide to Low Intensity CBT Interventions. • Chellingsworth, M. (2016). A Clinician's guide to low intensity CBT Interventions. The University of East Anglia. • Chellingsworth, M & Farrand, P. (2015) How to beat depression step by step using evidence based low intensity CBT. • Chellingsworth, M & Farrand, P. (2016) How to beat worry and generalised anxiety disorder step by step using evidence based low intensity CBT. • Department of Health (2015) Curriculum for the Education of Psychological Wellbeing Practitioners.3rd Edition. UCL. • Farrand, P & Chellingsworth, M. (2016) How to beat panic step by step using evidence based low intensity CBT. • Layard, R & Clark D.M (2014) Thrive: The power of evidence based psychological therapies. • NICE (2011). Common mental health disorders. Identification and pathways to care. NICE clinical guidelines 123. • NICE (2011). Generalised Anxiety Disorder and panic disorder (with or without agoraphobia) in adults. Management in primary, secondary and community care. NICE clinical guideline 113. • NICE (2010). Depression in adults with a comorbid physical healthcare problem. Treatment and management. NICE clinical guideline 91. • NICE (2010). Depression: the treatment and and management of depression in adults (update). NICE clinical guideline 90.
Recommended further reading	• Richards, D., Farrand, P and Chellingsworth, M. (2011) National curriculum for the education of psychological wellbeing practitioners. Department of Health.
Other relevant study materials (e.g. CD/video/DVD resources, e-Books/Blackboard etc.)	Blackboard student area Health Online IAPT history and study skills module Health Online reflective writing guide UEA funnelling and assessment skills film clips UEA Low Intensity CBT resources Clinician's Guides and Self Help resources The IAPT website and resources.

Section 7
Formative Assessment

Formative assessment is assessment **for** learning as opposed to summative assessment which is assessment **of** learning. Its key purpose is to enable you to practice and demonstrate the academic skills and knowledge that you will be required to apply in your subsequent summative work, and to receive early feedback from your tutor(s).

Assessment Type	Assignment Deadline	Method of submission (in class, drop box, electronic etc.)	Return Date of marked work (where appropriate)	Method of return	Format and Purpose of feed-back feed-forwards
Self Practice / Self Reflection (SP/SR)	Fortnightly	Blackboard	N/A	N/A	Feedback on reflective ability will be given in clinical skills supervision groups and through the personal advisor process. This will feed forwards as the skills developed through the SP/SR process will enable a deeper critical analytical level of reflective ability to be developed that will prepare students for summative reflective commentary assignments in the module and through the programme.

SP/SR process and assessment detail

SP/SR is seen as the engine driver of competence in CBT and is an evidence based training strategy. It provides you with a unique insight into the therapeutic process by trying the interventions of low intensity CBT on yourself to experience them from the inside out. Practitioners are guided through the training programme to build technical competence in low intensity CBT whilst Deeping self-awareness and therapeutic relationship skills with their patients though the SP/SR process. It enables you to build skills in critical analytical reflection on your own practice and competence levels and to put yourself in the shoes of the patient and see the intervention process from their perspective. These insights should lead to future actions to develop your own practice and clinical work with patients and lead to changes in what you do differently and what considerations you will make as a result.

Each time an intervention is taught weekly self-practice will be undertaken by all students and then self-reflection workbooks completed online via Blackboard. These will be uploaded by students by the deadlines and then themed by course tutors to form the agenda for the programme clinical skills supervision at the start of the next taught session. You will also respectfully reflect upon peer reflections enabling you to learn from each other. This should take approximately two hours per week and is a compulsory part of the module. Reflective blogs will be submitted and updated with a revised action plan for future development as a qualified practitioner in the portfolio in module 3.

Section 8
Summative Assessment

Summative assessment provides a measure of your performance in relation to a formal piece of assessed work – it is therefore often described as assessment ***of*** learning.
All summative assessments on the module MUST be passed individually to pass the module overall. There is no compensation for any component of assessment. Modules 1 and 2 clinical competencies must be passed before a student can progress to module 3. Clinical skills assessments are marked as pass/fail and outside of academic weighting.

Assessment Type	% Weighting	Assignment Deadline	Method of submission	Return Date of marked work	Format of feed-back	Method of return	Non-condonable
PT - Practical	PASS/FAIL	See course information	Live OSCE	20 university working days from assessment	Mark sheet	Hub	YES

Assignment title and further details: You will undertake a filmed low intensity CBT intervention session OSCE with an actor trained to play the role of a patient in a treatment session up to 35 minutes. You will receive information on two patients' treatment which will include information on the session number you will undertake and what has happened in any previous sessions prior to this but this will not specify which of the two cases you will see on the day, you must prepare for both patients and you will see of of the patients for the purposes of the assessment. You must meet minimum competency levels for safe practice to pass the OSCE. This OSCE must be passed *within a maximum permissible two attempts* to progress to module 3 of the programme. Failure on this assessment after the two maximum permissible attempts will result in termination of studies and the module cannot be passed or the award given.

Assessment Type and Sequence No 2	% Weight	Deadline	Method of submission	Return Date of marked work	Format of feed-back	Word limit	Method of return	Non-Condonable
WA - Written Assignment	75%	4 weeks after sitting OSCE (see course information dates)	Online	20 working university days from submission	Mark sheet	3000	Hub	Yes

Assignment title and further details: 'A critical analytical reflection upon a filmed low intensity CBT intervention session' You are required to undertake a reflective commentary on your performance using a critical analytical level of reflection, leading to clear transformation as a result and an action plan for future practice. This assessment has a 3000 maximum word limit. Appendices can be used. This assessment will be marked at level 6 and must be passed to pass the module and be given the award.

Assessment Type and Sequence No 3	% Weighting	Date of course test	Duration	Return Date of marked work	Format of feed-back	Method of return	Non-condonable
Course in-class test	25%	See course infor	1 hour	20 days after assessment	Written mark sheet	Hub	Yes

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Assignment details: You will undertake an in class test on Low Intensity CBT interventions, goal setting and behaviour change. This assessment will be marked at level 6 and must be passed to pass the the module to achieve the award.

Assessment Type and Sequence No 4	% Weighting	Submission	Return Date of marked work	Format of feed-back	Word limit	Method of return	Non-condonable
Competency Portfolio outcomes	PASS/FAIL	Submitted in module 3 when all outcomes and portfolio tasks are completed	20 days after submission	PASS/FAIL notification	N/A	N/A	Yes

Detail of competency outcomes: Successful completion of the following practice outcomes signed off by the practice supervisor(s) and countersigned by your line manager to be assessed by means of a practice outcomes portfolio that is submitted at the end of the course but recorded against each module as an overall PASS/FAIL as follows:

- Demonstrates experience and competence in the selection and delivery of treatment of a range of presenting problems using evidence based low- intensity interventions across a range of problem descriptor including depression and two or more anxiety disorders.
- Demonstrates the ability to use common factor competencies to manage emotional distress and maintain therapeutic alliances to support patients using low-intensity interventions.
- Demonstrates high quality case recording and systematic evaluation of the process and outcomes of mental health interventions, adapting care on the basis of these evaluations

The competency outcomes must be passed to pass the module and programme overall. As these outcomes build across the trainee programme, failure to meet a competency area will result in a thee-way action plan meeting between the trainee, programme team and service being implemented and a new final attempt deadline being set. No further periods of extension are permissible. Failure to pass the competencies or portfolio will result in termination from the award. The portfolio is submitted in module three and also contains a record of clinical cases seen as a trainee and interventions used, a signed log of hours of practice completed, signed logs of case management supervision and clinical skills supervision, SP/SR blogs and an action plan for future practice and development (see module 3 for further details).

Section 9
Mapping Assessment to Module Learning Outcomes

Using the boxes below, indicate which outcomes may be demonstrated in the relevant summative assessments.

Learning Outcome	Formative assessment	Summative Assessment 1	Summative Assessment 2	Summative Assessment 3	Summative Assessment 4
1	**X**			**x**	**x**
2	**x**	**X**	**x**		**x**
3	**x**	**x**		**x**	**x**
4	**x**	**x**	**x**	**x**	**x**

5				**x**	**x**
6					**x**
7				**x**	**x**
8					**x**

Section 10
Attribute development

On this module you will develop knowledge, insights and attributes that are readily transferable into future or current work settings. The attributes are articulated below so you can understand how the module will help you thrive on your course and prepare you for this. **These attributes are also articulated within the UEA Award. Please indicate by checking (X) those sub-attributes that will be demonstrated via engagement with this module.**

Academic excellence		**Critical thinking & problem solving**		**Learning & personal development**		**Digital literacy and IT**	
In-depth and extensive knowledge, understanding and skills in chosen discipline(s)	☒	A capacity for independent, conceptual and creative thinking	☒	A commitment to developing professional values, self-insight and capabilities	☒	Confidently employ a range of digital technologies for academic and professional/ career development purposes	☒
The ability to collect, collate, analyse and critically engage with a wide range of information sources, and evidence	☒	A capacity for informed argument and logical reasoning	☒	The ability to respond positively to constructive criticism and feedback from peers, tutors and colleagues	☒	Use appropriate digital technologies and resources to locate diverse types of information for both academic and non-academic purposes	☒
The ability to analyse and critically engage with a wide range of concepts and ideas	☒	A capacity for problem identification and problem-solving	☒	Self-confidence and an ability to exercise own 'voice'	☒	The ability to critically evaluate and engage with the information obtained	☒
Self-management & professionalism		**Team working and leadership**		**Communication**		**Applied numeracy and technical proficiency**	
A capacity for taking responsibilities and ownership of actions	☒	An ability to co-operate and collaborate with others, including working to shared aims	☒	An ability to communicate in written form for different purposes, audiences and contexts	☒	An ability to perform routine calculations in daily tasks and in applied contexts	☐
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An understanding of work cultures and practices, including work place professionalism	☒	An ability to motivate and lead others, including taking the initiative and delegating when required	☒	An ability to network effectively with others for specific purposes	☒	Proficiency in skilled techniques used for academic and professional purposes	☒
Career management		**Commercial awareness**		**Innovation and enterprise**		**Citizenship and stewardship**	
A capacity to reflect on and articulate qualities, strengths and attributes	☒	A knowledge of the link between academic subjects and their clinical applications	☒	The confidence to introduce and establish something new	☒	An understanding of your place within local and global communities	☒
The ability to research specific job and career areas	☒	An understanding of business priorities and the needs of employers	☒	The potential to take an idea through to its practical application	☒	An awareness of the need to manage shared and finite resources, including an appreciation of moral and ethical dimensions	☐
An ability to present your experience and attributes positively to graduate employers	☐	The ability to understand and prioritise patient and service needs	☒	The potential to apply an enterprising mind-set to situations	☒	An ability to improve the lives of others and lobby for positive change through community and/or political engagement	☒

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V1 December 2014
V1- Approved by LTC 3/12/14 -Minute 50

UEA MODULE OUTLINE TEMPLATE

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Module code: TBC	**Credit value: 20** **Total student university effort hours: 200**	**Level: 6**
Academic Year: 2015/2016	**Semester: 1**	
Related modules: **Pre-requisites:** Engagement and assessment in low intensity CBT **Co-requisites:** Values, diversity and context		

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Description What is this module about?	PWPs aid clinical improvement through the provision of information and support for evidence-based low-intensity CBT and medication management of regularly used pharmacological treatments of common mental health problems. Low-intensity CBT interventions place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by behaviour change models and strategies. Examples of interventions include behavioural activation, exposure, cognitive restructuring, panic management, problem solving, CBT-informed sleep management, and computerised cognitive behavioural therapy (cCBT) packages as well as supporting physical exercise and medication adherence. Support is specifically designed to enable people to optimise their use of self-management recovery information and pharmacological treatments and may be delivered individually or to groups of patients where evidence supports their use and through face-to-face, telephone, email or other contact methods. PWPs must also be able to manage any change in risk status. This module will, therefore, equip PWPs with a good understanding of the process of therapeutic support. Skills teaching will develop PWPs general and disorder-defined 'specific factor' competencies in the delivery of low- intensity CBT and support for medication concordance.
Learning Objectives What will you learn? (subject specific and transferable skills)	**The learning objectives of this module are to:** 18. Critically evaluate a range of evidence-based interventions and strategies to assist patients manage their emotional distress and disturbance. 19. Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance.

	20. Demonstrate competence in planning a collaborative low-intensity psychological or pharmacological treatment programme for common mental health problems, including managing the ending of contact. 21. Demonstrate in-depth understanding of, and competence in the use of, a range of low-intensity, evidence-based psychological interventions for common mental health problems. 22. Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low-intensity interventions. 23. Critically evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols. 24. Demonstrate knowledge of, and competence in supporting people with medication for common mental disorders to help them optimise their use of pharmacological treatment and minimise any adverse effects. 25. Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.
Links Where does this fit in to your programme?	This is the second module of the three compulsory 20 credit modules that form the award of Certificate in Evidence Based Low Intensity CBT Interventions (Psychological Wellbeing Practitioner). This module runs in parallel with module one 'Engagement and assessment in low intensity CBT' and precedes module three 'Diversity, values and context in low intensity CBT'.

Section 3 **Module Teaching Team**	
Module Organiser (Including brief biographical description)	**Marie Chellingsworth**. Executive Director of CBT and Evidence Based Programmes in the Clinical Psychology Department in Norwich Medical School at the University of East Anglia. She has been involved in the delivery and dissemination of psychological therapies and CBT interventions for many years, previously working as IAPT Training Director at the University of Nottingham and then Director of the Postgraduate Certificate in Evidence Based Psychological Wellbeing (PWP)and BSc in Applied Psychology (PWP) programmes at Exeter University. She is a co-author of the Department of Health second edition of the PWP national curriculum (Richards, Farrand & Chellingsworth, 2011) and IAPT CBT for Older People curriculum (Chellingsworth, Davies & Laidlaw, 2016). She has authored a number of CBT, CBT self help and training materials used in the IAPT programme and sits on the Department of Health Workforce, Education and Training group. She is also consultant to the Australian IAPT programme.
Co-tutors on the Module	TBC 2 WTE Lecturers

Section 4 Learning Activities and Indicative Student Effort Hours		
Learning Activity	**Total effort hours (module)**	**Indicative Effort hours per week**
k) Class sessions (Lectures, workshops, lab sessions, seminars etc.)	150	15
l) Pre-class preparation and follow-up study, background reading	20	2
m) Work-based Clinical work	225	22.5
n) Formative assessments/activities	20	2
o) Supervision and tutorials	10	1
Total effort hours (a + b + c + d + e – c) =	**200**	**42.5 with employed clinical practice, training and guided independent study.**

Section 5 Teaching Sessions
Timetabled sessions
Each taught university session will have a significant focus on the development of clinical competency and overall the module has a 70/30 split for theory to skills acquisition. Role-play in triads will be used to develop competence in low intensity CBT interventions with a minimum 1:10 staff to student ratio for observation and feedback on development. Theoretical teaching lectures will be supported through pre-reading activities and guided independent study as well as online resources and reusable learning objects. Directed timetabled learning days in the workplace will be focused on skills practice and PWPs clinical days will operate in a stepped care, high-volume environment to gain the required clinical (80 hours) and supervision (40 hours) for the portfolio and completion of the award. The 45 timetabled teaching days on the programme days are part of paid employment and as such a 100% attendance requirement is in place. Should attendance fall below 80% the module cannot be completed or passed. Should a student miss a taught session due to illness or other mitigating factors then they have to inform the course administrator and their service ensuring both parties are aware. On return, students are expected to write a 500 word summary of their personal leaning fro the teaching slides on Blackboard and make an action plan for their implementation of their learning into clinical practice and have this signed off by the personal advisor on the programme and the clinical supervisor in practice and then be submitted within the portfolio.
Directed timetabled learning days in practice
Whilst undertaking this module you are have timetabled university learning two days per week and clinical practice three days a week (full time in total). Two days per fortnight you will be in taught sessions in the university and two days per fortnight you will undertake directed timetabled university learning days undertaken in practice (or with the permission of your line manager in groups with other trainees from other services). These directed timetabled learning days are all compulsory and count towards the required hours and days for completion of the 45-day programme. Your work on those days will be formative assessment tasks (SP/SR), skills practice role-play with peers fro the training and qualified colleagues in practice, observation and shadowing in practice. Guided study and work on assessments is not within these days and should be undertaken though independent study.

The attendance requirements stated above apply to directed timetable days in practice as well as in university. Any sessions missed count towards the 45 days on the programme and the 100% attendance requirement. The university administrator and service must be notified and an action plan created, signed by the supervisor and university of how the directed learning clinical and academic tasks will be achieved submitted. This will then be submitted within the portfolio.

Clinical and Case Management Supervision

Course based clinical skills supervision:

Whilst undertaking this module, you will receive SP/SR supervision delivered by course tutors with a 1:12 minimum ratio. These hours can count towards your individual accreditation as a PWP and your portfolio supervision hours' requirement and should be logged in your log of supervision and signed by your personal advisor.

Service based case management supervision:

Once you pick up a clinical caseload, you must be receiving case management supervision from a member of the service who has been trained to undertake case management. This is focused upon the patients on your caseloads journey through the service and patients must be brought to case management at routine intervals in accordance with national supervision guidelines. You must record all case management sessions and keep a log in your portfolio, signed by your case management supervisor and at the end of the programme counter-signed by your line manager as an accurate record. Case management supervision should be weekly and individual for at least one hour. You are required to have at least 20 hours of case management supervision to pass the portfolio requirements.

Service based clinical skills supervision:

Clinical skills supervision should be delivered in the service by supervisor(s) who have been trained to undertake clinical skills supervision and are familiar with the PWP curriculum and interventions. Clinical skills supervision should be received at least fortnightly for one hour or more from the commencement of your training. Clinical skills supervision can be delivered in groups of up to 12 PWPs to each supervisor and should be focused upon skills development and maintenance in an educational delivery format. You may have different facilitators for different sessions or one allocated supervisor who should have received training in clinical skills supervision and be familiar with the PWP curriculum and evidence based low intensity CBT interventions and delivery formats. You must record all clinical skills supervision sessions and keep a log in your portfolio, signed by the clinical skills supervisor who delivered the session and at the end of the programme counter-signed by your line manager as an accurate record. You are required to have at least 20 hours of clinical skills supervision to pass the portfolio requirements.

Clinical practice and caseload information

Whilst undertaking this module, three days per week you will be undertaking clinical work in your contracted role as a Trainee Psychological Wellbeing Practitioner and two days per week you will undertake university tasks and taught sessions. Caseloads for PWPs tend to be higher than for high intensity therapists and counsellors. This is because PWPs work by assisting patients to help themselves to use brief low intensity CBT interventions in shorter contact sessions between 10-35 minutes depending on activity and in different delivery formats such as using the telephone, groups, cCBT and 1:1 session. On average patients receive between 4-8 sessions of low intensity treatment.

During training, trainee PWPs should carry a reduced caseload, with the number of cases seen depending on the stage in training, building up to a maximum of 60-80% of a qualified PWP's caseload at the end of timetabled training and 100% of a full caseload whilst working towards practice outcomes and when qualified. PWPs should have 6-8 contacts on average per day. This equates to roughly 18-24 cases per week when training to 30-40 per week when qualified. Working on the above figures it is anticipated that PWPs in training will work with in the region of 170 patients during their training year. A fully qualified PWP can expect to help more than 250 patients every year although the figures depend upon the service specification and stepped care model it operates.

During this second module (run in parallel with module 1: Assessment and engagement in low intensity CBT) trainees should undertake disorder specific assessment of patients with anxiety and depression and deliver low intensity CBT treatment sessions using BA, Exposure and habituation and other evidence based interventions to reflect the module timetable under supervision. It is not recommended PWPs carry

out any intervention in practice until they have been taught the declarative theory and procedural requirements of it on the programme.
Supervisors and line managers will be given information about the timetable and caseloads prior to commencement of the programme and are invited to attend any taught sessions where they feel that they would benefit from updating their knowledge or observing the teaching by contacting the Executive Director to arrange this.

Section 6
Learning Support Materials

Required (Key) Reading	• Bennett-Levy, J., Richards, D., et al (2010). The Oxford Guide to Low Intensity CBT Interventions. • Chellingsworth, M. (2016). A Clinician's guide to low intensity CBT Interventions. The University of East Anglia. • Chellingsworth, M & Farrand, P. (2015) How to beat depression step by step using evidence based low intensity CBT. • Chellingsworth, M & Farrand, P. (2016) How to beat worry and generalised anxiety disorder step by step using evidence based low intensity CBT. • Department of Health (2015) Curriculum for the Education of Psychological Wellbeing Practitioners.3rd Edition. UCL. • Farrand, P & Chellingsworth, M. (2016) How to beat panic step by step using evidence based low intensity CBT. • Layard, R & Clark D.M (2014) Thrive: The power of evidence based psychological therapies. • NICE (2011). Common mental health disorders. Identification and pathways to care. NICE clinical guidelines 123. • NICE (2011). Generalised Anxiety Disorder and panic disorder (with or without agoraphobia) in adults. Management in primary, secondary and community care. NICE clinical guideline 113. • NICE (2010). Depression in adults with a comorbid physical healthcare problem. Treatment and management. NICE clinical guideline 91. • NICE (2010). Depression: the treatment and and management of depression in adults (update). NICE clinical guideline 90.
Recommended further reading	• Richards, D., Farrand, P and Chellingsworth, M. (2011) National curriculum for the education of psychological wellbeing practitioners. Department of Health.
Other relevant study materials (e.g. CD/video/DVD resources, e-Books/Blackboard etc.)	Blackboard student area Health Online IAPT history and study skills module Health Online reflective writing guide UEA funnelling and assessment skills film clips UEA Low Intensity CBT resources Clinician's Guides and Self Help resources The IAPT website and resources.

Section 7
Formative Assessment

Formative assessment is assessment **for** learning as opposed to summative assessment which is assessment **of** learning. Its key purpose is to enable you to practice and demonstrate the academic skills and knowledge that you will be required to apply in your subsequent summative work, and to receive early feedback from your tutor(s).

Assessment Type	Assignment Deadline	Method of submission (in class, drop box, electronic etc.)	Return Date of marked work (where appropriate)	Method of return	Format and Purpose of feed-back feed-forwards
Self Practice / Self Reflection (SP/SR)	Fortnightly	Blackboard	N/A	N/A	Feedback on reflective ability will be given in clinical skills supervision groups and through the personal advisor process. This will feed forwards as the skills developed through the SP/SR process will enable a deeper critical analytical level of reflective ability to be developed that will prepare students for summative reflective commentary assignments in the module and through the programme.

SP/SR process and assessment detail

SP/SR is seen as the engine driver of competence in CBT and is an evidence based training strategy. It provides you with a unique insight into the therapeutic process by trying the interventions of low intensity CBT on yourself to experience them from the inside out. Practitioners are guided through the training programme to build technical competence in low intensity CBT whilst Deeping self-awareness and therapeutic relationship skills with their patients though the SP/SR process. It enables you to build skills in critical analytical reflection on your own practice and competence levels and to put yourself in the shoes of the patient and see the intervention process from their perspective. These insights should lead to future actions to develop your own practice and clinical work with patients and lead to changes in what you do differently and what considerations you will make as a result.

Each time an intervention is taught weekly self-practice will be undertaken by all students and then self-reflection workbooks completed online via Blackboard. These will be uploaded by students by the deadlines and then themed by course tutors to form the agenda for the programme clinical skills supervision at the start of the next taught session. You will also respectfully reflect upon peer reflections enabling you to learn from each other. This should take approximately two hours per week and is a compulsory part of the module. Reflective blogs will be submitted and updated with a revised action plan for future development as a qualified practitioner in the portfolio in module 3.

Section 8
Summative Assessment

Summative assessment provides a measure of your performance in relation to a formal piece of assessed work – it is therefore often described as assessment ***of*** learning.
All summative assessments on the module MUST be passed individually to pass the module overall. There is no compensation for any component of assessment. Modules 1 and 2 clinical competencies must be passed before a student can progress to module 3. Clinical skills assessments are marked as pass/fail and outside of academic weighting.

Assessment Type	% Weighting	Assignment Deadline	Method of submission	Return Date of marked work	Format of feed-back	Method of return	Non-condonable
PT - Practical	PASS/FAIL	See course information	Live OSCE	20 university working days from assessment	Mark sheet	Hub	YES

Assignment title and further details: You will undertake a filmed low intensity CBT intervention session OSCE with an actor trained to play the role of a patient in a treatment session up to 35 minutes. You will receive information on two patients' treatment which will include information on the session number you will undertake and what has happened in any previous sessions prior to this but this will not specify which of the two cases you will see on the day, you must prepare for both patients and you will see of of the patients for the purposes of the assessment. You must meet minimum competency levels for safe practice to pass the OSCE. This OSCE must be passed *within a maximum permissible two attempts* to progress to module 3 of the programme. Failure on this assessment after the two maximum permissible attempts will result in termination of studies and the module cannot be passed or the award given.

Assessment Type and Sequence No 2	% Weight	Deadline	Method of submission	Return Date of marked work	Format of feed-back	Word limit	Method of return	Non-Condonable
WA - Written Assignment	75%	4 weeks after sitting OSCE (see course information dates)	Online	20 working university days from submission	Mark sheet	3000	Hub	Yes

Assignment title and further details: 'A critical analytical reflection upon a filmed low intensity CBT intervention session' You are required to undertake a reflective commentary on your performance using a critical analytical level of reflection, leading to clear transformation as a result and an action plan for future practice. This assessment has a 3000 maximum word limit. Appendices can be used. This assessment will be marked at level 6 and must be passed to pass the module and be given the award.

Assessment Type and Sequence No 3	% Weighting	Date of course test	Duration	Return Date of marked work	Format of feed-back	Method of return	Non-condonable
Course in-class test	25%	See course infor	1 hour	20 days after assessment	Written mark sheet	Hub	Yes

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Assignment details: You will undertake an in class test on Low Intensity CBT interventions, goal setting and behaviour change. This assessment will be marked at level 6 and must be passed to pass the the module to achieve the award.

Assessment Type and Sequence No 4	% Weighting	Submission	Return Date of marked work	Format of feed-back	Word limit	Method of return	Non-condonable
Competency Portfolio outcomes	PASS/FAIL	Submitted in module 3 when all outcomes and portfolio tasks are completed	20 days after submission	PASS/FAIL notification	N/A	N/A	Yes

Detail of competency outcomes: Successful completion of the following practice outcomes signed off by the practice supervisor(s) and countersigned by your line manager to be assessed by means of a practice outcomes portfolio that is submitted at the end of the course but recorded against each module as an overall PASS/FAIL as follows:

- Demonstrates experience and competence in the selection and delivery of treatment of a range of presenting problems using evidence based low- intensity interventions across a range of problem descriptor including depression and two or more anxiety disorders.
- Demonstrates the ability to use common factor competencies to manage emotional distress and maintain therapeutic alliances to support patients using low-intensity interventions.
- Demonstrates high quality case recording and systematic evaluation of the process and outcomes of mental health interventions, adapting care on the basis of these evaluations

The competency outcomes must be passed to pass the module and programme overall. As these outcomes build across the trainee programme, failure to meet a competency area will result in a thee-way action plan meeting between the trainee, programme team and service being implemented and a new final attempt deadline being set. No further periods of extension are permissible. Failure to pass the competencies or portfolio will result in termination from the award. The portfolio is submitted in module three and also contains a record of clinical cases seen as a trainee and interventions used, a signed log of hours of practice completed, signed logs of case management supervision and clinical skills supervision, SP/SR blogs and an action plan for future practice and development (see module 3 for further details).

Section 9
Mapping Assessment to Module Learning Outcomes

Using the boxes below, indicate which outcomes may be demonstrated in the relevant summative assessments.

Learning Outcome	Formative assessment	Summative Assessment 1	Summative Assessment 2	Summative Assessment 3	Summative Assessment 4
1	**X**			**x**	**x**
2	**x**	**X**	**x**		**x**
3	**x**	**x**		**x**	**x**
4	**x**	**x**	**x**	**x**	**x**

5				**x**	**x**
6					**x**
7				**x**	**x**
8					**x**

Section 10
Attribute development

On this module you will develop knowledge, insights and attributes that are readily transferable into future or current work settings. The attributes are articulated below so you can understand how the module will help you thrive on your course and prepare you for this. **These attributes are also articulated within the UEA Award. Please indicate by checking (X) those sub-attributes that will be demonstrated via engagement with this module.**

Academic excellence		**Critical thinking & problem solving**		**Learning & personal development**		**Digital literacy and IT**	
In-depth and extensive knowledge, understanding and skills in chosen discipline(s)	☒	A capacity for independent, conceptual and creative thinking	☒	A commitment to developing professional values, self-insight and capabilities	☒	Confidently employ a range of digital technologies for academic and professional/ career development purposes	☒
The ability to collect, collate, analyse and critically engage with a wide range of information sources, and evidence	☒	A capacity for informed argument and logical reasoning	☒	The ability to respond positively to constructive criticism and feedback from peers, tutors and colleagues	☒	Use appropriate digital technologies and resources to locate diverse types of information for both academic and non-academic purposes	☒
The ability to analyse and critically engage with a wide range of concepts and ideas	☒	A capacity for problem identification and problem-solving	☒	Self-confidence and an ability to exercise own 'voice'	☒	The ability to critically evaluate and engage with the information obtained	☒
Self-management & professionalism		**Team working and leadership**		**Communication**		**Applied numeracy and technical proficiency**	
A capacity for taking responsibilities and ownership of actions	☒	An ability to co-operate and collaborate with others, including working to shared aims	☒	An ability to communicate in written form for different purposes, audiences and contexts	☒	An ability to perform routine calculations in daily tasks and in applied contexts	☐
An ability to manage time effectively, including setting priorities, juggling competing demands and meeting deadlines	☒	An ability to take other viewpoints, have empathy for other people's position and give constructive feedback	☒	An ability to communicate in person for different purposes, audiences and contexts	☒	An ability to analyse and interpret data and evidence	☒
An understanding of work cultures and practices, including work place professionalism	☒	An ability to motivate and lead others, including taking the initiative and delegating when required	☒	An ability to network effectively with others for specific purposes	☒	Proficiency in skilled techniques used for academic and professional purposes	☒
Career management		**Commercial awareness**		**Innovation and enterprise**		**Citizenship and stewardship**	
A capacity to reflect on and articulate qualities, strengths and attributes	☒	A knowledge of the link between academic subjects and their clinical applications	☒	The confidence to introduce and establish something new	☒	An understanding of your place within local and global communities	☒
The ability to research specific job and career areas	☒	An understanding of business priorities and the needs of employers	☒	The potential to take an idea through to its practical application	☒	An awareness of the need to manage shared and finite resources, including an appreciation of moral and ethical dimensions	☐
An ability to present your experience and attributes positively to graduate employers	☐	The ability to understand and prioritise patient and service needs	☒	The potential to apply an enterprising mind-set to situations	☒	An ability to improve the lives of others and lobby for positive change through community and/or political engagement	☒

Section 11
Module Enhancements
Changes made to this module in the light of student feedback and Module Review

The PWP training modules are a national curriculum and evaluated at national level. All learning outcomes and assessment methods are prescribed and a requirement of the accreditation body (BPS). The module will be reviewed each cohort and a 'You said, we did' feedback process implemented of how suggestions and feedback have shaped the module to close the feedback loop. In line with IAPT commissioning, a feedback report will be shared with relevant stakeholders of cohort results, cohort feedback and how feedback has been used to shape the programme.

Students and stakeholders can provide feedback in the following ways:

- Via the IAPT staff/student liaison committee (SSLC) and cohort representatives
- Through the personal advisor system
- Through module and programme evaluation and sessional feedback forms
- Via the IAPT training Expert Reference Group (ERG)
- In taught sessions to tutors
- IAPT Health Education East of England (HEEoE) meetings
- By contacting course tutors, the programme lead or the Executive Director of CBT and EBP.

Section 12
Useful Links

The following hot links provide quick and easy access to key sources of information and sources of support within the University and important policies that you need to be aware of.

General Regulations
Attendance and Engagement & Progression (General Regulation 13)
Coursework Submission Process
Plagiarism and Collusion Policy
Extenuating Circumstances Policy
Senate Marking Scales (UG and PGT)
Support for Students with Specific Learning Difficulties (SpLDs)
Learning Enhancement Team (DOS)

Other useful links and sources of information, guidance and policies can be found in the LTS Document Library. **Click this Link**

iapt
Improving Access to Psychological Therapies

NHS

The British Psychological Society
Partnership & Accreditation

Psychological Wellbeing Practitioner Training

Accreditation Handbook (3rd edition)

December 2012

Contact: **Lucy Horder** (Education and Professional Development Manager)

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Title	Psychological Wellbeing Practitioner Training: Accreditation Handbook (3rd edition)
Previous publications	This document supersedes the 2009 and 2010 editions of the PWP Accreditation Handbook.
Future revisions	This document contains references throughout to the national curriculum for PWP training (2nd edition, 2011), and to *Reach Out*. Programmes are expected to adhere to the current version of the curriculum and *Reach Out* guidance, and should note that these materials may be under revision as part of the review of the PWP role being undertaken in 2012/13.

Contents

Introduction

Who delivers the programme accreditation process?

This document was originally commissioned in 2009 by the national Improving Access to Psychological Therapies (IAPT) programme to support training programmes for practitioners delivering low intensity interventions (Psychological Wellbeing Practitioners, PWPs) in engaging with the programme accreditation process.

The programme accreditation process has been delivered by the British Psychological Society on behalf of IAPT since 2010, and we have sought to improve this handbook based on the feedback provided by education providers and visiting team members who have participated in the accreditation process during 2010 and 2011.

The role of the Psychological Wellbeing Practitioner

The PWP role is a new role. Although it builds on the role of the graduate worker in primary mental health care, it is more focussed on guided self-help, supporting patients with managing common medications, particularly antidepressants, case-managing referrals and signposting to other agencies such as social care and condition management organisations. The role of the PWP is described in the Best Practice Guide, *Psychological Wellbeing Practitioners: Playing a key role in maintaining the nation's wellbeing* (which can be downloaded from the IAPT website).

The programme accreditation process evaluates the extent to which programmes prepare their trainees to work in such a role by enabling them to understand the theory underpinning the PWP approach, supporting them in developing skills in the PWP clinical method, and assessing their knowledge and skills in a way that is **consistent with the national curriculum** (2nd edition; updated and revised March 2011; see *Useful Resources* section of this handbook for more information).

PWPs are trained to identify and assess common mental health disorders and devise a shared treatment plan with a patient that is both personalised and evidence based. **The role is highly boundaried,** and a key focus for the accreditation process is to ensure that teaching provided by PWP training programmes concentrates on the prescribed low intensity interventions, and **does not drift towards high intensity treatments.**

In the IAPT system, PWPs use the IAPT clinical record (CR). They collect measures at every session and use them for individual patient management, feedback on progress to patients and in supervision. The programme accreditation process takes an overview of the quality and quantity of **case management and clinical skills supervision** to which trainee PWPs have access in their services, and seeks to support programmes in working with their service partners to address any deficits that may exists.

PWPs perform a high volume, low intensity role, so they will have fewer contacts but with a larger number of patients. It is essential that PWPs are trained within IAPT services that are compliant with the IAPT Minmum Quality Standards (www.iapt.nhs.uk). They will generally spend less time in sessions or contacts than their high-intensity colleagues, with an average session times not exceeding 35 minutes for assessment and 30 minutes for treatment. Trainee PWPs' ability to work in a way that is consistent with the high volume,

low intensity approach is evaluated through **clearly defined competency assessments** as defined in the national curriculum and *Reach Out* support materials, and adherence to the **nationally prescribed assessment framework** is evaluated as part of the accreditation process.

The accreditation process: key features

Training programmes for PWPs are designed to support workers operating within the IAPT service delivery model. A national curriculum has been developed for use by these programmes (revised 2011), which is organised around four modules delivered over 45 days in total. The accreditation process outlined in this document is the means by which the Society evaluates the ways in which individual programmes have worked with their service partners to implement the national curriculum and associated quality standards. The process is overseen by the Society's Psychological Wellbeing Practitioner Accreditation Committee (PWPAC) that is responsible for overseeing the delivery of the process and the consistent application of the standards for accreditation, and for developing those standards over time. Its membership comprises a mixture of PWP educators, service colleagues working alongside and supervising PWPs, and a qualified PWP.

What's distinctive about the PWP programme accreditation process?

Development of competency in clinical skills lies at the heart of PWP training, and samples of trainees' competency assessments form a core part of the evidence that accreditation teams will use in reaching a recommendation to the PWPAC regarding the accreditation status of a programme. When we accredit a programme, we need to be sure that the programme in question has the requisite resources, expertise and infrastructure in place to enable trainees to develop competence in the specific PWP clinical method, and viewing the sample competency assessments is key to that.

Providers who have been through the process to date have experienced it somewhat differently to other accreditation processes that they may be more familiar with, such as those operated by regulators (Health and Care Professions Council, Nursing and Midwifery Council), or the Society's own *accreditation through partnership* approach to accrediting undergraduate and postgraduate psychology programmes. In part, this is a function of the newness of the PWP role and the speed with which training providers have had to learn about what works in practice, and adapt their approach to training delivery accordingly. The process is also unique in moving beyond documentary evidence and on-site dialogue to consider live competency assessments as a central measure of quality – not of the trainees concerned, but of the programme as a whole.

Who are the key players and what are their responsibilities in relation to programme accreditation?

Our experience of accrediting PWP training programmes to date tells us that there are four groups of key players who have a direct influence over the quality of training being delivered. Understanding their respective responsibilities and priorities has been particularly illuminating for accreditation teams, and providers engaging in the accreditation process may also find these insights helpful.

a. Training providers

The principal responsibility that training providers have is to deliver a training programme that demonstrates **fidelity to the national curriculum** and **achieves the quality standards** outlined in this document, and in so doing equips trainees with the knowledge and skills they need to work as a PWP.

Our experience has been that services across the country have sometimes taken different approaches to deploying their PWP workforce, and a wish to be responsive to service demands has in a number of cases led to programmes drifting away from the PWP clinical method as it is defined in the national curriculum, whether towards high intensity informed ways of working or towards more generic graduate mental health worker approaches. Therefore it is crucial that training providers take a robust approach to promoting the boundaries of the PWP role as defined in this document and in the IAPT PWP Best Practice Guide (see *Useful Resources* section of this document); if training providers are training their PWPs to do anything other than the PWP clinical method, they may have difficulty demonstrating their achievement of the required standards.

Additionally, it is crucial that all programme staff involved in the assessment of competence in the PWP clinical method have been appropriately trained to do so (for example, through engagement with national training or masterclass initiatives).

b. Services

Services involved in the training of PWPs should adhere to the IAPT Minimum Quality Standards (www.iapt.nhs.uk). Services' principal responsibilities include making appropriate supervision available to their trainee PWPs, signing off their achievement of the requisite practice outcomes as defined in the national curriculum, releasing them for study, and ensuring that trainees' workloads appropriately reflect their stage of development (see *PWP Best Practice Guide*). We consider these factors as part of the accreditation process, and where necessary support programmes and education commissioners in working with their service partners to address any deficits that may be having a negative impact on trainee PWPs' overall learning experience.

c. Commissioners of training

Where training places are commissioned by Strategic Health Authorities or other relevant commissioning bodies, PWP training should be subject to appropriate quality monitoring mechanisms. Those mechanisms should provide an ongoing check that the programme in question is delivering what it has been commissioned to deliver: namely a PWP training programme that meets all relevant national standards. Quality assurance approaches are likely to vary across different commissioners, but our experience tells us that most will have a means of considering both outcomes from the programme accreditation process, and ongoing quality monitoring undertaken locally by the training provider (including, for example, consideration of comments made by the external examiner and any responses provided to those).

It needs to be noted that there has been some instability in the commissioning of PWP programmes, which might have arisen due to several reasons, including SHAs attempting to achieve good quality, value for money and a geographical spread of training providers. Unfortunately, in some regions programmes have been commissioned on a short-term basis that has led to significant uncertainty for staff teams and consequent staff turn over. This in turn can adversely impact on the delivery of the training programme, and significant staff turn over presents challenges for the longer term validity of the accreditation process. For these reasons, it is important that the accreditation process is supported by rigorous annual monitoring.

d. External examiners

The role of the external examiner is key to ensuring individual quality control for trainees and ensuring ongoing fidelity to the national curriculum and PWP clinical

method. The external examiner has a unique opportunity to maintain an overview of standards, and to work with the programme should any issues arise. In order to be effective in their role, external examiners need to be able to assess PWP competency DVDs and mark them using the nationally-agreed marking sheets; for that reason, people who are directly involved in delivery of PWP training, or who have other demonstrable expertise in delivering or developing low intensity interventions, are generally the most appropriate people to appoint to external examiner roles. All external examiners should either be experienced PWP competency assessors or have received appropriate training in PWP competency assessment to support them in their role. Experience of examining programmes for High Intensity or other CBT Therapists does not, in itself, offer sufficient qualification or experience to examine a PWP programme.

Who benefits from programme accreditation?

PWPs are already making a significant impact on the wellbeing of people with anxiety and depression and have contributed solidly to mental health outcomes achieved by IAPT services. By ensuring that programmes continue to meet the standards for accreditation, and deliver training that is consistent with the national curriculum, we can continue to promote the work of PWPs in ensuring positive outcomes for patients. Equally, where programmes fail to achieve the standards for accreditation, we are able to instigate appropriate further training to improve the knowledge and skills of the PWP workforce affected, thereby improving service capability, and, ultimately, the quality of treatment available to patients.

It should be acknowledged that the experience of training as a PWP is, at times, a stressful one. Trainees can find themselves in the position of having to bridge the approaches favoured by their programme with differing practice in service. The programme accreditation process can play an important role in supporting training providers to minimise those differences, enabling fidelity to the national curriculum to be maintained. Our accreditation standards also require programmes to ensure that PWPs are not normally asked to work with patients before they have been assessed as competent in the PWP clinical method, thus contributing towards protecting the interests and wellbeing of PWPs.

Our standards

The standards below expand upon the expectations outlined in the national curriculum and *Reach Out National Programme Educator Materials*, and need to be met in order for programme accreditation to be achieved and maintained. Programmes may also wish to refer to our discussion of the lessons learned over the course of the accreditation process to date (see section 8 of this document). Where we have identified lessons learned in relation to the standard below, this is indicated with the following symbol: ⓘ

1. Selection, recruitment and admissions

1.1. There must be systems in place to ensure that the education provider and service provider(s) take a collaborative approach to the selection and recruitment of trainees. In particular, review teams require evidence that the education provider and service provider(s) work together to agree advertisements for training places, and undertake shortlisting and interviewing processes jointly.

1.2. The selection criteria must accommodate applicants with non-standard qualifications and/or experience, and the education provider must provide evidence of the ways in which such applications are evaluated. Education providers should outline their procedures for the accreditation of prior experience or learning, and the ways in which these are utilised as a means of allowing non-graduates to provide evidence that they are able to work at the appropriate level.

1.3. It is expected that education providers will offer training for delivery at final year undergraduate (level 6) as well as postgraduate certificate (level 7) levels. Education providers must indicate the ways in which applicants are selected on to the two routes available. Where no such differentiation is made, the education provider must provide a rationale for this decision. ⓘ

1.4. Education providers may accept applicants for registration on their programme with advanced standing, provided that they have a relevant Core Professional training, to degree level or equivalent. This may include training as an Applied Psychologist, Nurse, Medic, Allied Health Professional (registered with the Health and Care Professions Council), or Graduate Mental Health Worker (provided that a University commissioned Graduate Mental Health Worker training programme has been completed); applicants from other helping professions may be eligible for entry with advanced standing provided that they meet the requirements outlined by the British Association for Behavioural and Cognitive Psychotherapies (here).

1.5. Procedures for the accreditation of prior learning (APL) must require applicants to demonstrate their prior learning against the learning outcomes of the modules from which exemption is sought. No APL may be granted in relation to modules 1 and 2 of the national curriculum.

2. Programme design and content

2.1. Programmes must have in place a programme specification document that provides a concise description of the programme's intended learning outcomes, and which helps trainees to understand the teaching and learning methods that enable the learning outcomes to be achieved, and the assessment methods that enable achievement to be demonstrated. This should be supplemented by outlines of each module contributing to the accredited award. ⓘ

2.2. The programme specification and module outlines must reflect the learning outcomes and assessment strategies specified in the national curriculum. ⓘ

2.3. The education provider should indicate the ways in which it makes use of the *Reach Out* educator and trainee support materials to inform and support trainees' learning and development of clinical competence.

2.4. A teaching timetable must be available to staff and trainees that identifies the module or programme unit to which each teaching session relates. For accreditation purposes, education providers will need to be able to demonstrate the time devoted respectively to didactic teaching and clinical skills development. Across modules 1 and 2, programmes should achieve an approximate balance whereby around one-third of the available face-time is devoted to didactic teaching of underpinning theory, and around two-thirds is devoted to developing clinical skills to shape competency. ⓘ

2.5. Trainees must be provided with 20 days of supervised, directed learning which is timetabled in addition to 25 days taught on-site at the Higher Education Institution. All 45 days should comprise a specified programme of learning directed by the education provider in accordance with the learning outcomes specified in the national curriculum. Programmes should have systems in place for monitoring the work that trainees have completed during their 20 directed learning days. ⓘ

2.6. The programme must include an appropriate induction programme, of a minimum of five days' duration. This induction to the PWP role comprises part of the 25 days taught on site at the Higher Education Institution, and as outlined in *Reach Out*, should be focused on front-loaded skills development in assessment, and should be delivered in addition to any generic induction to the training provider in question. By the end of induction week, trainees should have undertaken a full assessment having been observed individually at least once by a member of the PWP programme team. Any induction or orientation to resources (library, IT) or formal registration with the HEI should be undertaken in addition to the induction to the PWP role as outlined above.

2.7. The education provider must outline the ways in which it supports trainee PWPs in understanding the role of high intensity therapists as part of their learning. As outlined in *Reach Out*, this should be addressed in relation to the learning outcomes specified for Module 4 to guard against potential drift towards high intensity ways of working. ⓘ

3. Assessment and progression

3.1. The education provider must demonstrate that the regulations for trainee progression and award of the qualification do not allow for compensation of failures in individual assessment units or across modules. Trainees *must* pass all the required sections of each assessment as indicated in the national curriculum.

3.2. Trainees should not normally begin seeing patients until they have successfully passed the competency assessments associated with modules 1 and 2 (assessment and treatment).

3.3. The education provider must specify a maximum number of assessment attempts for clinical skills competency assessments as part of its regulations; this should not normally exceed two attempts (initial assessment plus one resit opportunity).

3.4. Clear information should be available to programme staff, service partners and trainees indicating the fitness to practise mechanisms or their equivalent that are in place, and how these, and/or any other disciplinary procedures, may be invoked should the need arise.

3.5. The education provider and employing service must ensure that adequate procedures are in place to ensure that trainees who have failed their competency assessment in relation to modules 1 and 2 within the maximum permissible attempts (see 3.3 above), are incompetent, not fit to practise, or whose behaviour is unethical do not receive the accredited award. Where trainees are required to exit the programme, the education provider will need to work with the service to ensure that they understand the implications of programme failure for the trainees' future employment. ⓘ

3.6. In addition, systems should be in place to support routine, ongoing communication between the education provider, service and the trainee (as appropriate) regarding progress, results, conduct and any concerns that may arise. Our experience suggests that it is good practice to include a data protection waiver within the documentation or records that trainees complete when they initially register with the University, to ensure that information may be shared as appropriate. This will enable all parties to ensure that trainees for whom performance issues are raised are identified as early as possible, provided with support, and are not allowed to continue with their training if remedial action is ineffective.

4. Programme management and resources

4.1. The programme must be managed by an appropriately qualified and experienced individual, who has the programme as her/his major commitment, and is free to devote sufficient time to ensure its effective and efficient running. The programme leader will need to be able to demonstrate a good understanding and working knowledge of the PWP role and of low intensity interventions, and have appropriate experience as an educator and manager in order to be able to lead a programme of this kind.

4.2. The education provider must demonstrate that the teaching team has the necessary knowledge, experience and skills to support trainees' learning and development of clinical competence. ⓘ

4.3. The education provider must have in place a plan for supporting new and established members of staff in understanding the specifics of the PWP role, for example through appropriate induction training, mentoring, or engagement with relevant national or local networks. This should include an explicit plan for delivering training in rating competency tapes, for ensuring inter-rater reliability for competency assessments against the national curriculum, and engagement with any training offered by the awarding University in relation to standard academic and assessment practices. ⓘ

4.4. The education provider must demonstrate that there are sufficient teaching resources in place to enable trainees to meet the programme requirements, and an overall staff to trainee ratio of no greater than 1:10 should be achieved. The staffing required to support didactic (theory focused) teaching will be lower than that required for clinical skills development sessions. Programmes will require additional staff to be present to support clinical skills development sessions to ensure appropriate observation and feedback opportunities are available to all trainees.

4.5. The education provider must have a strategy in place for identifying individuals (e.g. actors, former students) who are able to take on the role of the patient for the purposes of assessing trainees' competence in the PWP clinical method. This role should not be undertaken by programme staff or by current service users, and nor should the assessment process be based upon material recorded from clinical sessions with current patients. Whoever is deployed into the role, there should be strategies in place to provide them with appropriate training and preparation for working to an agreed, scripted scenario, and there should be measures in place to ensure consistency across the assessment process. ⓘ

4.6. The education provider must provide a statement of the ways in which the income streams associated with delivery of the programme are being utilised to directly support the training of PWPs. This should include specific reference to the provision of access to current book and journal stocks of relevance to the PWP role and to low intensity interventions, and the provision of appropriate audio-visual equipment to enable the recording of practice role plays and competency assessment tasks.

4.7. Systems must be in place to involve all stakeholders in the monitoring and evaluation of the programme. The programme should regularly review attrition data with its stakeholders, and should make this available to the review team, together with an analysis of the reasons for any attrition and actions taken in response.

4.8. Programmes must work collaboratively with service users to identify and implement strategies for their active participation in the programme. These strategies, and the practical support available to implement them, must be acceptable to the different groups involved in the programme and have wide support.

4.9. The education provider's quality management mechanisms must incorporate regular periodic self-review against the quality standards outlined in this document. In addition, mechanisms should be in place to ensure that the outcomes from internal quality management processes feed into any monitoring of the programme undertaken by commissioners of training. ⓘ

4.10. The education provider must appoint an appropriately qualified and experienced external examiner, and ensure that systems are in place to monitor action that is taken in response to any issues raised. External examiners should normally be individuals that are directly involved in the delivery or management of PWP training, or who have other demonstrable experience in the delivery and development of low intensity interventions. They should either be experienced PWP competency assessors or have received appropriate training to enable them to mark PWP competency assessments in accordance with national curriculum requirements. Programme providers should note that experience of examining training programmes for High Intensity or other CBT Therapists does not, in itself, offer sufficient qualification or experience to examine a PWP programme. ⓘ

4.11. The education provider must outline for the benefit of trainees the opportunities available to them to provide feedback on their learning experience, both on-site and in service. Evidence must be provided of the actions taken in response to trainee feedback, where appropriate. ⓘ

5. Supervision

5.1. The education provider must, with its service partners, identify sufficient clinical supervisors to work with trainees in the workplace. Supervisors must be experienced practitioners who are familiar with the range of low intensity interventions identified in the national curriculum. Supervisors must understand their responsibility to, and be able to,

fulfil the requirements outlined below, and need to have undertaken appropriate training in the supervision of PWPs. ⓘ

5.2. Training should be made available to supervisors to enable them to adequately support trainees undertaking high volume, low intensity psychological therapies with an appropriate range of patients. Supervisor training will normally be commissioned by those who have commissioned PWP training, although other arrangements may apply. Education providers are responsible for ensuring that those supervising their trainees have access to a copy of the *Reach Out* supervisor handbook, and understand:

i. The course content.

ii. The clinical practice outcomes identified in the national curriculum.

iii. The expectations surrounding their role, including the essentials of clinical case management supervision. ⓘ

5.3. Evidence must be provided to demonstrate that supervision meets the following standards:

i The supervisor must negotiate, sign and date a supervision contract which clarifies boundaries and responsibilities of both the supervisor and the supervised trainee. This should include engagement in weekly case management supervision and fortnightly individual and group supervision aimed at case discussion and skills development.

ii The supervisor must use a range of strategies to engage in the supervision process, including focused face-to-face contact, allocated telephone appointment time and email contact.

iii The supervisor must facilitate ongoing practice learning and experience for the trainee to ensure that she or he has the opportunity to develop appropriate competence in clinical skills.

iv The supervisor must carry out observation of the trainee's work, directly and indirectly, to develop and be able to evaluate the level of competence.

v The supervisor must identify the trainee's strengths and any shortfalls in development, identifying objectives with the trainee and how these may be achieved, and discussing with academic staff where difficulty is envisaged or issues regarding a trainee's progress are encountered.

vi The supervisor must ensure that trainees complete the clinical practice outcomes outlined within the practical skills assessment document, within the required period, and that appropriate records are made.

viii The supervisor must ensure with the trainee that supervision records are completed so that there is a record of supervisory contacts in a format agreed by the education provider. Programmes are encouraged to review those supervision records with the service on a regular basis.

ix The supervisor must complete an interim report on progress at the halfway point of the timescale for the achievement of the practice-based outcomes.

x The supervisor must make a recommendation to the programme on the progress of the trainee in achieving the practical skills outcomes specified within each of the programme modules.

xi Supervisors need to satisfy themselves that they have sufficient evidence of trainees' performance in relation to the required practice outcomes in order to sign off their achievement of those practice-based outcomes.

Our processes

The accreditation process is designed around four key stages, which are outlined below and also in the diagram on the following page:

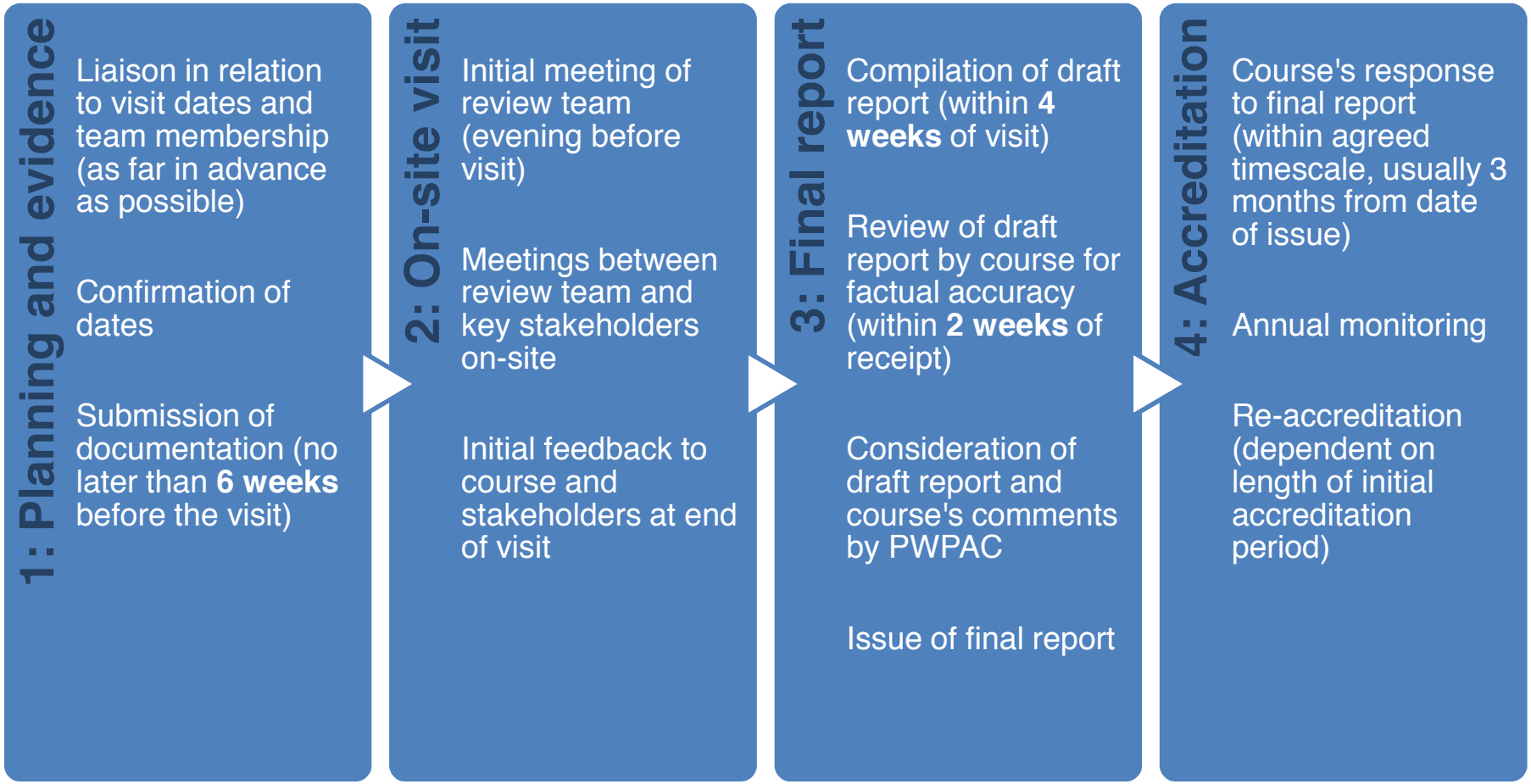
Stage 1: **Planning and evidence:** Submission of self-evaluation questionnaire and supporting evidence (documentation and sample competency assessment DVDs) **6 weeks** ahead of an agreed visit date.

Stage 2: **Visit:** On-site visit by the review team to the education provider to meet with key stakeholder groups and evaluate the programme's achievement of the required quality standards. On-site visits are the key means by which the Society may confirm that standards are being met, or, where criteria are not fulfilled, outline the action that programmes must take to rectify the situation. However, they also offer an important opportunity for programmes to reflect on their strengths and responses to local or national challenges. Review teams will endeavour to strike an appropriate balance between close scrutiny and open, constructive dialogue.

Stage 3: **Final report:** Production of a written report by the review team, identifying conditions of accreditation, recommendations for further improvement and development, as well as areas of good practice. The Society will confirm the accreditation status of the programme once a satisfactory response to the report has been provided. An up-to-date listing of all accredited programmes can be found on the Society's website, at www.bps.org.uk/pwp.

Stage 4: **Accreditation:** Awarded for up to a maximum of five years, and subject to ongoing annual monitoring.

The paragraphs below aim to support programmes in preparing to engage with the accreditation process, and an overview of the timescales associated with each stage is presented on the next page. Specific guidance relating to the preparation of documentary evidence is provided in the next section.


1: Planning and evidence
Liaison in relation to visit dates and team membership (as far in advance as possible)
Confirmation of dates
Submission of documentation (no later than **6 weeks** before the visit)
2: On-site visit
Initial meeting of review team (evening before visit)
Meetings between review team and key stakeholders on-site
Initial feedback to course and stakeholders at end of visit
3: Final report
Compilation of draft report (within **4 weeks** of visit)
Review of draft report by course for factual accuracy (within **2 weeks** of receipt)
Consideration of draft report and course's comments by PWPAC
Issue of final report
4: Accreditation
Course's response to final report (within agreed timescale, usually 3 months from date of issue)
Annual monitoring
Re-accreditation (dependent on length of initial accreditation period)

Stage one: Planning and evidence

1. The Society will contact individual programmes to coordinate visit arrangements, and to provide programmes with a point of contact for any queries they may have about the programme accreditation process. We would normally expect a response to any initial approach regarding visit arrangements to be forthcoming within a period of two weeks.

2. When suggesting visit dates, programmes will need to take account of the different groups of people with whom the team will need to meet, as detailed in the visit timetable that is available on our website (see *Useful resources*, section 7 below). The visit date and membership of the review team will be confirmed by the Society at the earliest opportunity.

3. The Society reserves the right to bring forward a visit to an individual programme if information is received that suggests that the programme is operating at significant variance from the quality standards outlined in this document. The Society has in place a policy for dealing with complaints that are made in relation to accredited programmes (see *Useful Resources* section), and may also consider complaints made via the national IAPT programme in accordance with this policy.

4. Review team members are recruited on a voluntary basis and teams will generally comprise two members, one of whom will be both an experienced PWP programme leader, and a member of the Society's PWP Accreditation Committee, who will act as convenor throughout the visit. The team will be supported by a Society Partnership and Accreditation Officer. More detailed information on the roles and responsibilities of members of the review team is provided in section 6.

5. The convenor will normally be responsible for chairing both the initial scrutiny process and the on-site visit. S/he will have responsibility for leading and managing both the review team and the process of the review. S/he will also be responsible for ensuring that team members maintain appropriate professional boundaries, and act in a professional manner as representatives of the Society.

6. Potential team members are expected to flag up any professional relationships they have that may present a conflict of interest (including external examining for the education provider within the preceding 3 years, employment with the education provider or significant contribution to the programme in question within the preceding 3 years, or personal relationships that may have an impact on an individual's ability to maintain an independent perspective on the programme in question). Such conflicts of interest must be declared at the earliest opportunity to assist the planning process.

7. The programme should normally submit its evidence no later than **6 weeks** prior to the visit date. The evidence should be prepared in line with the guidance provided in section 5, and three copies of all evidence should be submitted. A full set of the evidence submitted will be forwarded to each member of the review team by the Society.

Stage two: Visit

1. The team will meet at a hotel local to the programme on the evening before the visit begins (usually at 6.30pm); arrangements will be made by the Society. This initial meeting will provide an opportunity for the team as a whole to discuss their consideration of the evidence in order to jointly agree those aspects of the provision that require further exploration over the course of the visit. The team will need to identify the meeting(s)

within which these matters will be pursued. Suggested outline agendas for the team's meetings with different stakeholders are included in our visit timetable, and a set of suggested questions for use by visiting teams is also available on the Society's website at www.bps.org.uk/pwp (see also *Useful Resources*, section 7 of this document).

2. Visits should be organised around the timetable provided on our website (see *Useful resources*, section 7). The timetable includes notes as to the purpose and likely agenda for each meeting, and the programme should utilise these when briefing those participating in the visit. **It is the programme's responsibility to liaise with those participating in the visit to secure their availability to meet with the visiting team as required**. Programmes may wish to use the suggested questions referred to above to support their preparation for a visit. However, programmes should be mindful that teams may not ask all of the questions included within this document, as the evidence submitted by the programme may highlight other, specific matters that require clarification.

3. Careful consideration of the programme's documentation and DVDs in advance of the visit will enable the review team to take a proportionate, risk-based approach to the conduct of the visit. Such an approach is necessary to allow efficient use of the time available, and to create space for constructive reflection on the programme's development. However, teams should seek to ensure that conclusions that are fed back to the programme as areas that may require attention (i.e. where it is not clear that the accreditation standards have been met) are based on evidence from more than one source where possible.

4. The visiting team's feedback to the programme will normally reflect the key points of the provision that will be included in the final report. This will include the programme's strengths, the aspects of provision that will need to be changed in order that the accreditation standards can be fulfilled, and the aspects of provision that the programme may wish to consider as part of its ongoing development and enhancement. The convenor will deliver the feedback to the programme team, and the Partnership and Accreditation Officer will then give an indication of the sequence of meetings and dates relevant to the production and approval of the final report.

   - A strength is considered to be any aspect of the programme or its operating context that has a positive impact upon the overall trainee experience (or that of other stakeholders). Visiting teams may also see evidence of local or national best practice, and the wording of the final report will aim to reflect this.

   - Aspects of the provision that will need to be changed in order that the accreditation criteria can be fulfilled are those that are likely to appear as conditions of accreditation in the final report.

   - Aspects of the provision that the programme may wish to consider as part of its ongoing development are those that are likely to appear as recommendations in the final report.

5. Programmes should note that the feedback provided at the end of the visit is indicative, and may be reflected in the final report with differing emphasis and detail. Additionally, whilst the visiting team can provide indicative feedback on the likely outcome in relation to the accreditation of the programme, programmes should note that they are working on behalf of a Committee, and so will not be able to elaborate on that indicative feedback. The final decision regarding accreditation will be taken by the PWP Accreditation Committee on behalf of the Society as a whole.

Stage three: Final report

1. All accreditation visits will lead to one of the following two outcomes:

   Accredited: The programme meets the required quality standards in full. Where conditions of accreditation are set, the Society is confident that the programme will implement the specified action within the timescale agreed, and will confirm accreditation once that has been confirmed.

   Accreditation declined: The programme is operating at substantial variation from the required quality standards, and significant action is required to rectify this position. The programme will not be reconsidered for accreditation until satisfactory evidence of quality improvement has been provided.

   In reaching a decision to decline to award accreditation, the Society would not wish to disadvantage trainees who have enrolled on or completed a programme in good faith. A recovery framework has been developed to provide guidance to programmes and services in meeting the needs of trainees who are affected by such an outcome, and further guidance on managing a situation of this kind is provided in a separate document.

2. The visit report will be produced by the Partnership and Accreditation Officer in liaison with the visiting team, and a draft will normally be forwarded to the programme leader within **four weeks** of the visit taking place.

3. Once the draft report of the visit has been produced, the programme leader will be asked to provide a commentary on its factual accuracy within **two weeks** of receipt (see also paragraph 2.4.5). The draft report and the programme's comments will be considered by the PWP Accreditation Committee, and a final report will be issued to the programme at the earliest opportunity.

4. A copy of the final report will be issued to the programme leader(s), and copied to members of the University's senior management team and relevant IAPT service and commissioning leads, as appropriate. Reports will not be published by the Society. However, education providers should be aware that reports will be subject to the provisions of the Freedom of Information Act. The programme leader may wish to bear this in mind when providing comments on the factual accuracy of the draft report in the event that a Freedom of Information Act application is made to them at a later date.

5. The report will indicate the date by which a response to any conditions of accreditation or recommendations is required. This timeframe will be negotiated dependent on the nature of the response required, but is typically set at three months from the date of issue of the report. Programmes should outline their response to each individual condition or recommendation, and should ensure that their response is accompanied by appropriate supporting evidence. They should include an action plan indicating how the conditions will be addressed (including actions already completed, current priorities, timescales, and responsibilities for completion). Confirmation of the accreditation status of the programme, and the timescale for re-accreditation, will be provided once the PWP Accreditation Committee is satisfied with the programme's response.

6. A summary of the accreditation status of individual programmes, and the trainee cohorts to whom accreditation applies, will be published on the Society's website at www.bps.org.uk/pwp for the benefit of past, current and prospective trainees and other interested parties.

7. Education providers whose programmes have been successfully accredited by the Society are encouraged to use our logo in their advertising and promotional materials. Copies of our logo and guidance on its usage can be downloaded from our website, at www.bps.org.uk/accreditationdownloads.

The British Psychological Society
Accredited

Stage four: Accreditation and annual monitoring

1. Accreditation is awarded for up to a maximum of five years, subject to fulfilment of any conditions, and to ongoing annual monitoring. It is expected that education providers' quality management mechanisms incorporate regular periodic self-review against the PWP accreditation standards.

2. The purpose of the annual monitoring process is to ensure the ongoing quality of accredited programmes, and to establish their continued fidelity to the national curriculum (2nd edition, 2011, or any subsequent revisions).

3. The annual monitoring process is designed to be proportionate and risk based, and to take account of the lessons learned during the accreditation process, as outlined in the revised handbook.

4. It assumes that, under normal circumstances, if there have been no major changes to an accredited programme, then its delivery should reflect the levels of quality and fidelity observed at the preceding accreditation visit. However, where there have been changes that might have impacted upon programme quality (e.g. staffing or resourcing, service providers) these should be identified within the annual monitoring process. Therefore, using this as an example, where staffing has changed the Committee will wish to know about any strategies that have been put in place for upskilling new staff and/or ensuring continued fidelity to national requirements. Similarly, if there have been major changes in the service provider(s), the Committee would wish to be informed of those changes.

5. The annual monitoring return that programmes will be asked to complete requires them to:
   - outline any changes to the programme (that either impacted on the experience for the most recent trainee cohort, or which are planned);
   - submit a copy of the most recent external examiners' report received (together with any response made); and
   - provide a copy of the most recent internal annual quality assurance report (or equivalent).

   Commissioners will also be invited to submit comments as part of the process. Returns and any associated evidence should normally be provided in **electronic** format, unless other arrangements are specifically agreed.

6. For 2012/13 a sample of DVDs will be collected from all programmes to provide a baseline set of data. For future years this will not be a routine aspect of the annual monitoring submission.

7. The Society will write to all programmes during the autumn term inviting them to submit an annual monitoring return no later than **31 January** each year. This date is intended to provide programmes with sufficient time to collate all of the information requested above in relation to any student cohorts that completed their training during the preceding academic year. Where cohorts have been accepted whose end date is later than 30 September, the provider will be asked to advise the Society the date at which they will be

in a position to submit their annual monitoring return. This date should not normally exceed three months following the date at which the cohort concerned will have completed their training and any associated assessment processes.

8. Where a recent visit has taken place, and evidence relating to the most recent trainee cohort has been considered in detail as part of that process, an annual monitoring return will not be required.

9. Annual monitoring returns will be considered by the PWP Accreditation Committee, alongside any information regarding complaints received in relation to the provision in question via the Society's standard complaints process. Where the information available indicates that there may be a potential risk to the ongoing fulfilment of the standards for accreditation, the Committee may either:
   - Request the provision of further evidence relating to the specific area(s) of risk identified . This may comprise either a full or partial submission of evidence as required ahead of an accreditation visit, and may include requesting copies of DVD assessments, if appropriate.
   - Request that an on-site visit is undertaken at the earliest opportunity.

8. Programmes are invited to approach the Society for advice in relation to any changes to their provision that are being considered, in order to gain a view on whether the proposed changes remain consistent with the quality standards outlined in this document. Requests for advice should be directed to Lucy Horder in the first instance, at Lucy.Horder@bps.org.uk.

Feedback

1. The Society would welcome constructive feedback from education providers and other stakeholders on their experience of the accreditation process. Feedback is essential if the process is to be improved for the future, and can be provided in writing to Lucy Horder.

2. Education providers wishing to appeal against the outcome of an accreditation decision may do so in writing in accordance with the Society's published appeals process, details of which can be found on our website at www.bps.org.uk/accreditationdownloads.

3. Any individual may lodge a complaint with the Society if they believe that an accredited programme is operating in contravention of the Society's standards. The process by which such complaints will be dealt with is outlined at www.bps.org.uk/accreditationdownloads.

Our evidence requirements

What do programmes need to submit ahead of a visit?

The evidence submitted by programmes ahead of an on-site visit should comprise the following:

- Completed self-evaluation questionnaire.
- Programme specification document.
- Module outlines and teaching timetables.
- PowerPoint (or equivalent) slides, to include: all slides relating to assessment (module 1); all slides relating to interventions, which must include behavioural activation, exposure and cognitive restructuring as a minimum (module 2); and slides for two to three lectures relating to each of modules 3 and 4, as outlined in the national curriculum.
- Details of all programme assessments and assessment regulations.
- Sample copies of trainees' clinical skills assessments for modules 1 and 2 (DVDs) plus completed A1 and A3 marksheets for those DVDs (see below).
- Trainee Handbook.
- Evidence of consideration of trainee feedback on the programme.
- External examiners' reports (including programme responses where available).

Programmes may also supply any other appendices they consider relevant to demonstrating their fulfilment of the required quality standards, should they so wish, although there is no expectation to do so.

Programmes should be aware of the review team's right to defer an accreditation visit in the rare event that the documentary evidence submitted falls significantly short of the expectations outlined in this document.

How many copies do programmes need to send?

Programmes are asked to provide printed *and* electronic copies of their documentation (**three copies** - one for each member of the team) and, as a rule of thumb, are advised to ensure that, once collated, their documentation is easily **portable** (since many review team members will be travelling to accreditation visits by public transport). Documentation should be submitted to the address provided at the beginning of this document.

How should programmes decide what sample of competency assessment DVDs to submit as evidence?

Programmes are asked to submit two DVD assessments pertaining to assessment of common mental health problems, and two pertaining to treatment of common mental health problems, plus up to two fails. The selection of DVDs relating to trainees who have been deemed to have passed each module should comprise the best performing trainee in each module, and the trainee whose performance the programme feels is most representative of the cohort as a whole, again for each module. Programmes should provide completed A1 and A3 marksheets for the DVDs submitted. **Three copies** of each DVD and each marksheet should be provided along with the remaining evidence specified above. Programmes may choose to redact trainee names from the DVDs and marksheets submitted; where this is done, a labelling system should be used in order that the marksheets can be matched to the relevant DVD.

What is the purpose of submitting sample DVDs?

By viewing sample trainee competency assessments our reviewers are able to see how trainees are putting the PWP clinical method into use in practice, and how closely their approach reflects the national curriculum. This provides a good indicator of how well programmes are maintaining fidelity to the curriculum, and of whether they are maintaining an appropriate emphasis upon skills development. Consideration of trainee assessments as part of the accreditation process is not intended to duplicate the role of the external examiner; this is why we do not ask for a sample across the performance range. Our reviewers are not evaluating the individual trainees whose work they are viewing; they are taking an outcomes based view of the programme under consideration for accreditation.

By viewing the completed marksheets for those DVDs, our reviewers are able to calibrate marking practices on the programme in question against national standards. This enables them to evaluate how closely programmes are adhering to national marksheets, and also enables them to identify any training needs that may exist across the PWP training community more broadly in order that approaches to meeting those needs can be developed.

On receipt of the DVDs, reviewers should mark each DVD using a blank A1/A3 marksheet, then compare their decision with those of the original marker. Reviewers should bring their completed marksheets with them for discussion with other team members at the first meeting of the visiting team, which will take place on the evening prior to the visit.

How should programmes fill in the self-evaluation questionnaire?

The education provider should complete the self-evaluation questionnaire (see *Useful Resources*, section 7 below) as a means of demonstrating to the review team the ways in which the programme meets the quality standards specified in this document. Close attention should be paid to outlining the ways in which the requirements of the national curriculum are met, and questionnaire responses should be cross-referenced to any additional programme documentation provided. The education provider should also identify the strengths of the provision, as well as any challenges encountered, or limitations, and the plans that have been developed to address these. Open reflection by

programmes on their strengths and current or future challenges makes the job of the review team a lot more straightforward.

What is the purpose of the self-evaluation questionnaire?

The self-evaluation questionnaire serves two key purposes. Firstly, the review team will use the questionnaire as a map with which to navigate the information and evidence provided by the programme. Secondly, and most importantly, it offers a means by which programmes may cross-refer to existing documentation when seeking to establish their fulfilment of the quality standards. Any additional evidence submitted by the programme should comprise existing documents that are in use by staff, trainees and other stakeholders. It is hoped that this approach will minimise the administrative burden that quality assurance activities invariably place upon programme teams. It is also likely that a visit will be more productive if the team is able to use its meetings with the programme's stakeholders to test existing evidence, rather than to seek out new evidence.

On receipt of the documentation, review team members will follow the self-evaluation questionnaire in order to reach one of the following initial views:

- the source of evidence indicated on the self-evaluation questionnaire supports the programme's view that the relevant quality standard has been fulfilled;
- the source of evidence indicated on the self-evaluation questionnaire partially supports the programme's view that the relevant quality standard has been fulfilled, but the team will need to seek additional evidence; or
- the source of evidence indicated on the log of evidence suggests that the relevant quality standard has not been met, and the team will need to pursue the matter as a priority during the course of the visit, and/or require specific remedial action to be taken.

Team members will discuss their initial views at the meeting of the visiting team that takes place the evening prior to the visit, and will use that discussion to decide how best to structure the team's questions, and who should lead on particular lines of enquiry. Visiting team members will also consider the set of suggested questions we provide (see *Useful Resources*) and think about which questions are of greatest relevance to the visit in question.

Who is responsible for making arrangements for travel and accommodation for the visiting team?

The Society makes all accommodation arrangements, although recommendations are always welcome.

Visiting team members should look inside their pack of documentation to find out details of the accommodation that has been booked for the team. Visiting team members are asked to let us know if they do not require accommodation, or if they have any needs or requirements that we should bear in mind when making these arrangements.

Team members should make their own travel arrangements to and from the visit. The Society will reimburse any expenses incurred, and guidelines for this can be found on the back of the expenses claim form that will be sent along with the documentation.

Our reviewers

Section 4 of this document provides an outline of the role of the review team as a whole in relation to conducting the initial scrutiny phase and the on-site visit. This section contains supplementary guidance on the roles and responsibilities of individual members of the review team.

Having agreed to be a member of a review team, it is the responsibility of the team member to advise the Society should circumstances change. Early notification is essential, particularly if you are no longer able to participate in the visit, or if you believe that a conflict of interest may exist (including external examining for the education provider within the preceding 3 years, employment with the education provider or significant contribution to the programme in question within the preceding 3 years, or personal relationships that may have an impact on an individual's ability to maintain an independent perspective on the programme in question), in order to allow time for an alternative team member to be identified if necessary.

Section 5 of this document outlines the documentation that programmes are asked to submit to support the accreditation process. Review team members should liaise with the Partnership and Accreditation Officer in the event of any queries, or if they believe that any documentation is missing. **Team members should *not* normally have direct contact with the institution in question**.

Roles

Review team members are recruited on a voluntary basis and teams will generally comprise two members, one of whom will be both an experienced PWP programme leader, and a member of the Society's PWP Accreditation Committee, who will act as convenor throughout the visit. The team will be supported by a Society Partnership and Accreditation Officer. The Society reserves the right to appoint other suitably qualified and experienced individuals to these roles should the need arise.

All team members must act within the scope of the quality standards contained within this document; they are asked to refrain from providing personal views about how training should be delivered in order to avoid the possibility that these are inadvertently interpreted as statements of national policy.

Responsibilities

Convenor

The management of the overall conduct of the on-site visit is the task of the Convenor, whose responsibilities are as follows:

- to liaise with team members prior to the visit;

- to chair the initial meeting of the review team on the evening before the visit, paying particular attention to ensuring that team members understand the guidelines and scope within which they are expected to work;
- to manage the activities of members of the accreditation team during the visit;
- to ensure that all recommendations made are based upon compliance with published policies and quality standards;
- to deliver the team's indicative feedback to the programme and their stakeholders at the end of the visit; and
- to comment on the draft accreditation report produced following the visit by the Partnership and Accreditation Officer.

As the role of Convenor is a substantial one and requires careful management, the following notes may be helpful:

Briefing the team

The Convenor should check that the other team members understand their role and what they are expected to do.

It is usual practice for the visiting team to meet on the evening prior to the visit commencing, in order to discuss their reading of the documentation and to agree key agenda items for the following day. The team will work closely together for the duration of the visit so the initial meeting also serves the important purpose of engaging the team members, developing a working relationship and setting boundaries.

Following the team's discussion of the documentation, the Convenor should outline any areas of concern, and agree in broad terms the means by which these should be followed up. The Convenor should also highlight whether there is any further material or information which should be sought from the programme team.

The conduct of the visit

At the start of the visit, the Convenor should provide the programme team with a verbal summary of the purpose of the visit as the means by which the Society will evaluate the ways in which individual programmes have worked with their service partners to implement the national curriculum and associated quality standards. The quality standards relate overall to four dimensions:

- Educational delivery: i.e. fidelity to the national curriculum.
- Meeting trainees' learning needs: i.e. provision of supervision that is appropriate to the PWP role and access to appropriate patients, release for study, and the extent to which Strategic Health Authorities ensure that services (as employers) meet these responsibilities.
- Meeting service needs: i.e. the extent to which training programmes provide services with competent PWPs that meet their needs, and those of the communities with whom they are working.
- Collaborative working: i.e. the ways in which education providers and their service partners work together to support the overall training experience.

The Convenor should also make clear that the role of the review team is one of collecting and reviewing evidence in order to formulate a recommendation to the PWP Accreditation Committee regarding the accreditation of the programme.

Finally, it is important to reiterate the team's wish to maintain an open, constructive dialogue with the education provider and its stakeholders in order to foster a positive atmosphere. The Convenor should direct discussions in each of the meetings during the visit to ensure that each of the areas identified as requiring further exploration is covered.

Feedback to the programme

The details of the feedback to the programme team are the responsibility of the Convenor, who may decide to share the responsibility of providing feedback with other members of the team, or to do it alone; either way, it is important that the Convenor maintains control over the content and takes responsibility for directing the manner of its delivery. The team should be alert to the potential impact of feedback upon the individuals and the system of which they are a part, and the team should discuss the style of the feedback prior to the meeting.

Feedback will include the programme's strengths, the aspects of provision that will need to be changed in order that the accreditation criteria can be fulfilled, and the aspects of provision that the programme may wish to consider as part of its ongoing development and enhancement. The programme will also be given an indication of the sequence of meetings and dates relevant to the production and approval of the final report, which is authored by the PWP Accreditation Committee and may therefore differ in emphasis and in detail from the verbal feedback. Feedback to the programme can be selective (i.e. cover broad headlines only) – the report will provide the detail that the programme will require. Dependent on the nature of the feedback, Chairs are also encouraged to utilise the feedback session as an opportunity to publicly recognise the effort of the programme team and to reinforce their role as trainers, as well as to thank them for their hospitality and assistance.

Team member

Membership of a review team carries the following responsibilities:

- to liaise with the Convenor and Partnership and Accreditation Officer prior to the visit;
- to devote sufficient time prior to the visit to digest the documentation (including all relevant appendices) submitted by the programme;
- to contribute to the conduct of the visit as directed by the Chair;
- to work appropriately with stakeholders to agree the way in which any specific issues that emerge over the course of the visit will be reported;
- to make recommendations that are based upon compliance with published policies and quality standards; and
- to comment on the draft accreditation report produced by the Partnership and Accreditation Officer following the visit.

Team members should note that all information gathered during the visit will be confidential to the team. Team members also undertake not to discuss any information gained through the visit beyond the visiting team and members of the PWP Training Committee.

Team members are also reminded that all visit paperwork must be disposed of securely following the visit. Team members not wishing to take responsibility for this themselves are asked to leave any paperwork for disposal with the programme at the end of the visit.

Useful resources

Programmes should refer to the following documents. Unless otherwise indicated, all documents can be downloaded from our website at www.bps.org.uk/accreditationdownloads.

Curriculum guidance and resources

National curriculum for the education of Psychological Wellbeing Practitioners (PWPs), revised March 2011 (available here)
Reach Out National Programme Educator Materials, 2nd edition (available here)
Psychological Wellbeing Practitioner Best Practice Guide (available here)

Other relevant good practice guidance is available on the IAPT website (available here).

Important accreditation documents for programmes

Self evaluation questionnaire
Visit timetable
Suggested questions that visiting teams might ask
Annual monitoring return form
Use of the Society's logo

Documents for reviewers

Pre-visit checklist

Information on individual practitioner accreditation

The British Psychological Society
The British Association for Behavioural and Cognitive Psychotherapies

Lessons learned and good practice

The information below summarises some of the key learning points that have emerged since the inception of the PWP programme accreditation process in 2010. Programmes may find these helpful both in preparing for a visit, and as part of their ongoing development. They are outlined to correspond with the relevant standards for accreditation, which are provided in section 3 of this document.

Selection, recruitment and admissions

ⓘ **PWP workforce selection and retention:** Education providers are expected to provide PWP training at undergraduate as well as postgraduate certificate levels. Not all programmes we have visited have achieved this, although we have also seen some very good practice. We have spoken to many commissioners and service leads over the course of the visits we have undertaken to date, and there is a commonly held view that increasing the proportion of trainees on undergraduate routes will be key to the future sustainability of the PWP workforce. Many services have seen their PWPs who come to training with a first degree (often in psychology) move on to other roles very quickly, leading to significant instability in service delivery. Recruiting to a greater number of undergraduate places may also help to attract applicants from non-traditional backgrounds to the role.

Clearly this is not something that programmes can (or should) be expected to resolve for themselves, and any shift in the profile of the workforce will need to be facilitated through future commissioning arrangements. If they have not already done so, programmes might wish to explore alternative recruitment and advertising strategies with their commissioners and service colleagues in order to target a wider range of different potential applicant groups who are currently only accessing training in very small numbers.

Programme design and content

ⓘ **Fidelity to national curriculum requirements:** On the whole, programmes have structured themselves in line with the four modules presented in the national curriculum. However, we have found that some programmes have adopted different teaching, learning and assessment strategies, and in some cases, this has meant that trainees have been working with patients before they have been signed off by the programme as competent in the PWP clinical method. Additionally, some trainees have been asked to undertake interventions for which they have not yet received teaching. The curriculum sets out an order for teaching, learning and assessment that is designed to protect both trainees and the patients with whom they will be working, and any alternative strategies that are put in place need to make equivalent provision for patient safety. Teaching and assessment of competence in the clinical method is intended to be carried out up front in

order that universities can confirm to service providers that their trainees are competent to assess and treat patients in accordance with the PWP role.

- **Adapting graduate worker training:** A number of the programmes we've visited have been adapted from graduate worker training programmes. The best of those have taken the strengths they have developed through their experience of delivering graduate worker training, and very carefully built on that to ensure that the requirements of the national curriculum for PWP training are met in full.

- **Directed learning:** We have seen quite a lot of variation in trainees' experience in relation to the ways in which their 20 days' supervised learning in the workplace has been structured. For some trainees, these days have not been properly timetabled into their overall learning experience, making it very difficult to access sufficient time. For others, the time has been made available, but has not been structured in a way that properly builds upon the material that trainees have learned, or the skills they have developed at the university base. We've also seen some good practice in this area, however, including the provision of a timetabled homework sheet for practice supervisors to clarify their expectations in relation to the types of activities that trainees should be undertaking.

- **Activities in service:** It is important that programmes work with services to make sure they understand the types of activities that trainees should be involved in until they have been deemed to be competent in the clinical method (for example, observing PWP workers, or making links with GP surgeries). Teaching on supervision should be prioritised and covered as early as possible in term 2 when trainees are studying modules 3 and 4. This will enable supervision training to dovetail into PWP caseloads.

- **Attendance and duration of training:** PWP training is intended to be delivered over a period of 45 days: 25 days based in the University, and 20 days of supervised learning in the workplace. PWP trainees are full-time employees and, as such, their teaching day needs to be seen as a requirement of their employment. Short teaching days are unlikely to enable trainees to meet programme requirements, and are also unlikely to meet service expectations in terms of 'time lost' whilst trainees are being released for study. The best practice we have seen includes provision of a 7 hour teaching day (corresponding to the 7 hour contracted working day). Clearly, for larger, more geographically dispersed regions, travelling time can be a problem. One programme manages this by negotiating with services for trainees to attend university for two days per fortnight, rather than one day per week, with a later start to the day but shorter breaks.

  Programmes and services should be expecting 100% attendance, and there should be mechanisms in place around notifying each other of trainees' failure to attend. Of course, sometimes absenteeism cannot be predicted – for example, through illness or other changes to circumstances – so programmes should have in place mechanisms for supporting trainees in making up any work they have missed. They should also have a clear view on what constitutes too much absence.

  Again, there are some examples of good practice around; some universities will meet as a programme team, discuss what the trainee has missed, and set up an action plan for the individual trainee to enable them to catch up on the work they have missed. Significant absence is often dealt with by suspending the trainee's studies and enabling them to pick up on the missing modules by joining the subsequent cohort, although this does depend on delivery patterns.

ⓘ **Strategy for assessing competence – risk issues:** Our visiting teams have worked with some programmes that have utilised recordings of trainees' work with patients as a core component of their assessment strategies, rather than requiring them to undertake simulated, standardised assessments for modules 1 and 2 to assess trainees' competence in the PWP clinical method. This presents a number of risks. The lack of standardisation associated with using live clinical material creates potentially significant variations across trainee groups, putting the education provider at risk. It creates risks for service providers, given that such an assessment strategy will mean that trainees are carrying a caseload before having been assessed as competent to do so. Most importantly, it presents a risk to patient safety.

ⓘ **Balance of academic input and skills development:** We have seen a mixed picture in relation to the balance of academic input and skills-based experiences offered to trainees. Skills development must lie at the heart of PWP training, but effective delivery of training of this kind can be resource intensive. We have seen quite a range of approaches to resourcing PWP programmes. The standards for accreditation specify a staff:student ratio, but recognise that this will vary dependent on whether theory or skills are being delivered. Given the emphasis upon clinical skills training, particularly in modules 1 and 2, sufficient staff must be in place to ensure that the programme is properly facilitating clinical skills development. Effective investment in staffing is crucial. We would expect programme teams to observe all trainees in role play prior to undertaking their competency assessments in order that they may get feedback on their performance. In many cases, this has required quite a full and intensive university teaching day dedicated to role playing an entire assessment and support session, but it does seem to reap rewards in terms of the quality of trainee skills.

ⓘ **Drift towards high intensity psychological interventions:** PWP training and the curriculum around which it is organised is intended to support the development of a highly boundaried workforce with a closely defined set of competencies around assessment and formulation, and who are able to support a range of low intensity interventions. The development of those basic core competencies *must* be prioritised before any additional material may be incorporated. We have found that a number of programmes, in seeking to be responsive to service needs, have provided sessions introducing trainees to material that is not included in the national curriculum. This is not a problem in itself, provided that:

- The additional material does not eat into the minimum 25 days of university-based learning required for an appropriate depth of coverage of national curriculum materials;
- Trainees understand how it deviates from the low intensity clinical method; *and*
- Trainees understand the boundaries of the PWP role and how it differs from previous iterations (e.g. Graduate Mental Health Workers).

Drift towards high intensity working, however interesting, needs to be managed carefully. If additional materials take trainees' study release requirements above the 25 days outlined in the national curriculum, provided that services and SHAs are happy that added value is being delivered, which exceeds the additional costs incurred by them through releasing the trainees for a greater number of days than is required, then the university should be commended for providing extra value at the commissioned price. If, however, there is evidence to suggest that trainees are receiving insufficient opportunities to develop core skills in the time available to them, universities will need to re-evaluate their provision in this area.

ⓘ **Links with High Intensity working:** Many programmes have experienced difficulty building in opportunities for their trainees to learn alongside their High Intensity colleagues, not least because of the logistical challenges involved in accommodating large numbers of trainees for formal teaching or workshops, and the potential impact on

local services of releasing their workforce in this way. Shared learning is no longer required within the accreditation standards. However, some programmes have been able to work collaboratively with High Intensity training providers to develop shared learning opportunities.

ⓘ **Innovative assessment:** Although many programmes have been asked to revise their assessment strategy in line with national requirements, others have successfully been able to accommodate minimum national requirements in creative ways. This has included completion of specific written work on risk assessment, and structuring the written examination requirements outlined in the national curriculum in a way that embeds them very strongly in practice.

Assessment and progression

ⓘ **Competency assessment and the importance of good information sharing for managing risk:** The range of people taking up PWP training positions is varied, and includes those who have worked clinically previously as well as those who have not. The assessment strategy outlined in the national curriculum is specifically designed to protect both trainees (from the risk of being expected to work beyond their competence), patients (from trainees who are at too early a stage in their training), and education providers (to ensure that they cannot be implicated in any responsibility if employers choose to deploy staff who have not been assessed as competent). It is for this reason that visiting teams have paid such close attention to it throughout the programme accreditation process, to ensure that programmes are doing all they can to notify service providers when programmes believe that trainees are sufficiently competent to work with patients.

Programme management and resources

ⓘ **Stability of staffing:** We believe that many recent cases whereby programmes have failed either to receive or maintain their accreditation status has been due to major turnover in the programme team and the loss of experienced staff. We would wish to emphasize that commissioners consider the sustainability of programmes and the need to provide staff with some degree of contractual stability. Rapid staff turn over will inevitably lead to problems with maintaining quality and accreditation, especially for programmes that have the teaching and assessment of competences at their heart.

ⓘ **Development of staff teams:** There is some excellent practice that has been observed during the accreditation process in relation to the development of staff teams. For example, establishing a lead educator or core team allows a strong basis for delivering theory-based materials, and allows the programme to bring in additional staff to support role play where needed. Some programmes have employed qualified PWPs to join their programme teams to contribute to programme delivery. This is excellent practice: not only does it provide a valuable additional perspective for trainees, but it also contributes effectively to the development of the PWP role. It also seems to help avoid drift towards other models of working.

ⓘ **Use of actors in competency assessment scenarios:** Programmes take different approaches to identifying and training people to act as patients for the purposes of trainees' competency assessments. Normally, actors of former students (qualified PWPs) are used. This role should not be undertaken by programme staff: although it may appear convenient to use programme staff, our experience from the accreditation process to date suggests that this may unduly raise trainees' levels of anxiety, may compromise the assessment process and disadvantage students. Staff have, in some instances, offered

the trainee too much information as the patient, thus not giving them adequate opportunity to demonstrate their skills.

ⓘ **External examining:** A number of our interactions with programmes have highlighted the importance of the role of the external examiner, and a need to articulate criteria for selection of an appropriate external within the accreditation standards. There is variability across external examining arrangements for different programmes. The majority of programmes have external examiners in place who are themselves directly involved in PWP training. This experience is key to ensuring that they are able to compare the standards achieved by the programme in question to other PWP training practices. Where PWP training has been developed as part of a pathway through other mental health or psychological therapies training, a dedicated PWP external examiner should be in place to enable proper comparison of standards. By linking up with one of the national IAPT programme leaders' consortia, programmes will be able to make links with colleagues who may be able to contribute as external examiners. We would really encourage PWP trainers to link into these groups as a way of keeping abreast of good practice and current challenges.

It has been agreed that national training for those assessing competency DVDs, including external examiners, will be beneficial. It is hoped that this will help to ensure that all external examiners understand the importance of their role, have common expectations regarding the sample of competency assessments they may need to see, and what to do when problems arise.

ⓘ **The link between accreditation and commissioning:** There is a need for commissioners to engage actively with IAPT teams around education and training commissioning issues, and our visits have highlighted the importance of there being a link between the accreditation process and commissioning; for example, one SHA had a five year accredited provider (though not a geographically central one), but chose to commission instead from a provider that did not currently have accreditation in place. Risk of litigation is a key issue here. Commissioners may need to think more about quality and geography in relation to meeting student and patient needs.

ⓘ **Linkage of university and NHS/commissioner QA processes:** Through our visits, we have also noted some variation in relation to the ways in which commissioners quality assure their education and training contracts. Most PWP programmes have been outside of national contracts with HEIs and not therefore subject to standard NHS quality monitoring. For example, issues raised by external examiners should be tracked through the commissioner's QA process but this may not be the case everywhere.

Supervision

ⓘ **Teaching on and provision of supervision: :** Supervision is an essential feature of IAPT services as defined within the IAPT Minimum Quality Standards (www.iapt.nhs.uk). Our experience suggests that, although some services experienced initial difficulties in meeting the PWP supervision standards, most are now achieving these. Case management supervision has been a particular challenge, although as supervisor training programmes are being rolled out trainees' experiences are improving. However, our visits to date have highlighted issues around the timeliness of trainees being taught about supervision, in order to make sure that they have an expectation of the supervision they should be receiving, particularly once they have been assessed as competent in the PWP clinical method and therefore are able to start working with patients, and how to address any problems that may arise.

ⓘ **Supervisor training:** Programmes are making good use of the *Reach Out* supervisor materials to support supervisors in fulfilling their roles, and a number of the service leads and supervisors we've met have spoken very highly about the quality of the training they've received. Collaborative approaches to delivering supervisor training have worked particularly well.

Appendix 1

iapt
Improving Access to Psychological Therapies

NHS

The British Psychological Society
Partnership & Accreditation

Supplementary guidance on the role of the external examiner

What is the purpose of this guidance?

Training for Psychological Wellbeing Practitioners (PWPs) is focused upon enabling PWPs to develop the skills required to work effectively in a high volume, low intensity context with people with common mental health problems. Programmes need to ensure that their trainees understand the theory underpinning the PWP approach, and develop skills in the PWP clinical method, and need to assess their knowledge and skills in a way that is consistent with the national curriculum (2nd edition; updated and revised March 2011). The distinctive nature of this training, and the boundaries associated with the PWP role which are clearly defined in the national curriculum, necessitates the appointment of an external examiner who is familiar with the PWP clinical method. This will ensure that an impartial but well-informed view may be given as to the extent to which trainees on a programme are achieving national minimum standards of competence. The ability of programmes to support their graduates in achievement of those standards is a key measure that must be attained in order for PWP programmes to gain or maintain their accreditation with the British Psychological Society.

Who is it for?

This guidance is aimed primarily at those involved in leading or delivering PWP training programmes, who are likely to be involved in recruiting new external examiners, or in overseeing existing appointments. The guidance may also be useful for university quality assurance or academic registry staff with responsibility for external examiner appointments, and for ensuring that such appointments meet relevant professional body and other quality codes. Universities are encouraged to share this guidance with the external examiners they have appointed to their PWP programme(s), for example as part of any other materials that may be provided to orientate an examiner to their role.

What makes the role of external examiner different for PWP programmes?

In common with other external examiner appointments, the examiner of a PWP training programme is responsible for provision of advice and guidance on the extent to which the required academic standards are achieved. As outlined in the Quality Assurance Agency's *Quality Code for Higher Education*, this can include the provision of impartial and independent advice, as well as commentary on trainees' achievement of the standards set - whether those are the standards set by the university itself through its assessment strategy, or whether they are informed by external drivers such as professional body requirements.

PWP programmes need to reflect the national curriculum for the training of PWPs in low intensity psychological therapies, and need to follow a defined assessment strategy that focuses on the completion of competency assessment role plays that are designed to enable trainees to demonstrate their skills in the PWP clinical method. Specifically, these assessments focus on (though are not limited to) the assessment and treatment of people with common mental health problems. The clinical skills assessments need to be evaluated in line with nationally agreed marksheets, which include the provision for automatically failing any trainee who fails to conduct a full and thorough assessment of risk.

In order to be able to fulfil their responsibilities, it is essential that external examiners for PWP programmes are able to assess PWP competency assessment scenarios in accordance with national requirements and using nationally agreed marksheets. This, necessarily, needs to reflect an ability to evaluate sound practice in the specific PWP clinical method - rather than, for example, more general approaches to assessment or treatment. Examiners also need to be able to identify where issues of risk have not been properly addressed.

Therefore, in addition to viewing trainees' written work, external examiners will need to routinely view samples of clinical skills assessment DVDs to ensure that appropriate standards are being achieved, and to ensure that marking of the clinical skills assessments reflects national standards.

Who can externally examine a PWP programme?

Given the expectation that external examiners are able to evaluate competency assessments, it is the Society's view that people who are directly involved in delivery of PWP training, or who have other demonstrable expertise in delivering or developing low intensity interventions, are generally the most appropriate people to appoint to external examiner roles.

All external examiners should either be experienced PWP competency assessors, or have received appropriate training in PWP competency assessment to support them in their role. Experience of examining programmes for High Intensity or other CBT Therapists does not, in itself, offer sufficient qualification or experience to examine a PWP programme.

What role do external examiners play in relation to BPS accreditation of PWP training programmes?

The external examiner has a unique opportunity to maintain an overview of standards, and to work with the programme should any issues arise. As part of their accreditation by the Society, programmes are required to complete an annual monitoring return, normally at the end of January

each year (commencing January 2013). The annual monitoring return incorporates a requirement that programmes submit both a copy of their most recent external examiner's report, and details of any response they have provided to it. This enables the Society, via its Psychological Wellbeing Practitioner Accreditation Committee, to monitor any potential risk to standards, and to intervene and work with programmes where there is a need to do so. It also provides an opportunity to maintain an overview of positive practice during the period between accreditation visits.

On rare occasions, external examiners may raise matters of concern in relation to a programme, and may feel that those concerns present a risk to the programme's ongoing achievement of the standards for accreditation set out by the Society on behalf of the national Improving Access to Psychological Therapies programme. In such cases, examiners are asked to notify the Society of the details of their concerns, in order that these may be explored through the Society's standard procedure for dealing with complaints made about an accredited programme (here).

Further information on the accreditation process for PWP programmes can be found in the Accreditation Handbook (here)

If you have any questions regarding this guidance, please contact Lucy.Horder@bps.org.uk

National Curriculum for the Education of Psychological Wellbeing Practitioners

(Third edition[1], updated and revised, March 2015)

Introduction

The Improving Access to Psychological Therapies (IAPT) programme was established across England in 2008 with the aim of establishing psychological therapy services to enable 900,000 extra people to receive evidence based, NICE approved psychological therapies and interventions for common mental health problems. A key part of the programme has been to develop a competent workforce to deliver the stepped care model in IAPT services.

Psychological Wellbeing Practitioners (PWPs) assess and support patients with common mental health problems – principally anxiety and depression – in the self-management of their recovery. Interventions are designed to aid clinical improvement and social inclusion, including return to work, meaningful activity or other occupational activities. PWPs do this through the provision of information and support for evidence-based low-intensity psychological treatments, mainly informed by cognitive-behavioural principles, but also including physical exercise and supporting medication adherence. Behaviour change theory and models provide the framework which support an integrated approach to the choice and delivery of the interventions that PWPs provide.

NICE guidance for common mental health disorders and for each of the anxiety disorders and depression sets out the range of different types of low-intensity evidence-based interventions appropriate for delivery by PWPs. Principal among these are support for low-intensity self-help interventions informed by cognitive-behavioural principles such as behavioural activation, exposure, cognitive restructuring, panic management, problem solving and the management of insomnia. Typically these are supported by the use of self-help materials which can be provided in written or digital form (e.g. computerised cognitive behavioural therapy (cCBT)). Treatment is provided to groups of people (psychoeducational groups) as well as one-to-one to individual patients, and is provided by telephone and increasingly through electronic media as well as face-to-face. Low-intensity psychological treatments place a greater emphasis on patient self-management

[1] Third edition revisions were completed by a working group convened by University College London (UCL) with earlier editions by Dave Richards, Paul Farrand and Marie Chellingsworth (University of Exeter). All editions are under the aegis of the national IAPT team/NHS England/Department of Health. Originally included as appendix 4 as part of the PWP Training Review.

and are less burdensome than traditional psychological treatments Support is specifically designed to enable patients to optimise their use of self-management recovery information and may be delivered through face-to-face, telephone, email or other contact methods. PWPs also provide information on common pharmacological treatments and support patients in decisions that optimise their use of such treatments. They also provide information on and support for physical exercise.

PWPs operate within the Improving Access to Psychological Therapies (IAPT) service delivery model[2]. This delivery model requires the collection of routine, sessional clinical, social and employment outcomes as part of a national outcome monitoring system. The performance of PWPs will, therefore, be measured through their clinical, social and employment outcomes. Knowledge of IAPT services including the stepped care model of service delivery, regular and routine clinical outcomes measurement, case management and supervision are generic competencies that PWPs need for the satisfactory performance of their duties and the updated competency framework for the anxiety disorders and depression should be consulted http://www.ucl.ac.uk/clinical-psychology/CORE/CBT_Framework.htm

The IAPT service delivery model is predicated on a stepped care model with PWPs supporting low-intensity interventions and high-intensity workers delivering CBT or one of the other IAPT approved modalities: Brief Dynamic Interpersonal Therapy for Depression (DIT), Counselling for Depression, Interpersonal Psychotherapy for Depression (IPT) and Couples Therapy for Depression. It is important that PWPs have an understanding of the other modalities and how their work differs from high-intensity interventions. More information about the other modalities can be found at http://www.iapt.nhs.uk/workforce/high-intensity/.

PWPs should operate at all times within the stepped care model of service delivery in which the IAPT minimum levels of PWP supervision are provided. This should be both weekly individual case management and fortnightly individual or group-based clinical skills supervision. The success of training crucially depends on the availability of fully trained practitioners in IAPT services who are able to supervise trainees to develop competence in low-intensity assessment and intervention skills. Training courses should accordingly have systems in place for monitoring the supervision that trainees receive and the training and experience of their supervisors in the IAPT services where they are placed. Supervisors of trainee PWPs should all have undertaken appropriate training on PWP supervision. Guidance on the commissioning of supervision training and IAPT supervision is available at (http://www.iapt.nhs.uk/workforce/supervisors/).

[2] See www.iapt.nhs.uk for further details

Course accreditation standards for PWP Education have been developed and are linked to the national PWP curriculum http://www.bps.org.uk/careers-education-training/accredited-courses-training-programmes/psychological-wellbeing-practitioner-accreditation/psychologic. Having the PWP course accredited by the British Psychological Society supports fidelity to the curriculum and ensures that national minimum levels of competency in the provision of low-intensity interventions are maintained.

The curriculum is designed so that it can be available at both undergraduate (level 6) and postgraduate certificate level (level 7), based on three modules (see below) delivered over 45 days in total. This number of days is essential to meet the learning objectives specified within the curriculum. Although each module has a specific set of foci and learning outcomes, the clinical competencies build on each other and courses are expected to focus the majority of their teaching activity on clinical competence development through clinical simulation/role play. Assessment focuses primarily on trainees' practical demonstration of competencies. Skills based competency assessments are independent of academic level and must be passed. Participants may not necessarily possess previous clinical or professional expertise in mental health and can undertake academic assessments at either undergraduate or postgraduate level, depending on their prior academic attainment.

The curriculum includes both theoretical learning and skills practice within the Higher Education Institute and practice-based learning directed by the education provider that extends learning into practice. Over the 3 modules of 45 days, 25-30 days are delivered as theoretical learning and skills practice and 15-20 days as directed practice-based learning. Directed practice-based learning tasks include shadowing/observation, role play/practice with peers/colleagues of assessment and interventions, self-practice of interventions with reflection (i.e. applying techniques to issues from own life), and directed problem-based learning.

The training programme requires trainees to learn from observation and skills practice under supervision while working in fully functioning IAPT services, as well as through the theoretical teaching, skills practice and practice-based learning directed by the Higher Education Institute. Trainees should complete a minimum of 80 clinical contact hours with patients (face-to-face or on the telephone) within an IAPT service as a requirement of their training and should undertake a minimum of 40 hours of supervision of which at least 20 hours should be case management supervision and at least 20 hours should be clinical skills supervision. These 80 clinical contact hours and 40 supervision hours are in addition to the 15-20 practice-based learning days directed by education providers.

Equality and cultural competence

Course objectives to acquire cultural competence align with statutory duties under the Equality Act 2010, requiring public authorities who exercise public functions, and organisations carrying out public functions on behalf of a public authority, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations between people of shared protected characteristics and those who do not. Achieving cultural competence is a lifelong learning process. Cultural competence for Psychological Wellbeing Practitioners will aim to develop trainees' ability to recognise their own reaction to people who are perceived to be different and values and beliefs about the issue of difference, so as to be able to work effectively with them. Courses should include diversity issues within all teaching, not only within the module where values and diversity are the specific focus. In developing course assessment criteria, consideration should be given to the inclusion of:

1) Developing an ability to recognise one's own reaction to people who are perceived to be different and values and belief about the issue of difference.

2) Understanding a definition of culture, related values and factors effecting culture e.g. age, disability, marital status, ethnicity, parental status, sexual orientation, gender, education, language, socio-economic status, and religion or belief.

3) Capable of taking responsibility for responses and actions taken with people who are different or are perceived to be different, whether through age, ethnicity, sexuality, disability or other difference

4) Developing ability to accept ambiguity of not knowing what to expect or what to do initially during an inter-cultural situation.

5) Risk taking in order to communicate effectively with people from diverse cultures.

6) Working effectively with interpreters, establishing ways of working together and considering clinical implications.

7) Raised awareness of one's reaction to people who are different and the implications of these reactions during sessions.

Curriculum for the Education of Psychological Wellbeing Practitioners

The curriculum for the education of Psychological Wellbeing Practitioners (PWPs) is organised into three modules (see below). Modules and credit ratings can be adapted by Institutions and training providers to comply with their academic

timetable and tailored to suit local needs.

The assessment of academic and clinical skills is detailed below. All clinical skills should be assessed by practical tests of clinical competence. Because of the critical nature of clinical competence, there can be no compensation/condonement for a failed clinical competence assessment. While the assessment strategies for assessing practical clinical skills are set out for each module, the assessment of academic skills and knowledge may be in the form of a written exam(s), course work (including seminars and presentations), case report or essay and will be expected to cover the academic content of all three modules.

The curriculum informs the accreditation process for Psychological Wellbeing Practitioner courses led by the British Psychological Society. Further information about this process can be found at http://www.bps.org.uk/careers-education-training/accredited-courses-training-programmes/accredited-courses-training-progra.

Module 1: Engagement and assessment of patients with common mental health problems

Aims for the module

PWPs assess and support people with common mental health problems in the self-management of their recovery. To do so they must be able to undertake a range of patient-centred assessments and be able to identify the main areas of concern relevant to the assessment undertaken. They need to have knowledge and competence to be able to apply these in a range of different assessment formats and settings. These different elements or types of assessment include screening/triage assessment within an IAPT service; risk assessment; provisional diagnostic assessment; mental health clustering assessment; psychometric assessment (using the IAPT standardised symptoms measures); problem focused assessment; and intervention planning assessment. In all these assessments they need to be able to engage patients and establish an appropriate relationship whilst gathering information in a collaborative manner.

They must have knowledge of mental health disorders and the evidence-based therapeutic options available and be able to communicate this knowledge in a clear and unambiguous way so that people can make informed treatment choices. In addition, they must have knowledge of behaviour change models and how these can inform choice of goals and interventions. This module will, therefore, equip PWPs with a good understanding of the incidence, prevalence and presentation of common mental health problems and evidenced-based treatment choices. Skills

teaching will develop PWPs' core 'common factors' competencies of active listening, engagement, alliance building, patient-centred information gathering, information giving and shared decision making.

Learning outcomes:

1) Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models.

2) Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with people with common mental health disorders

3) Demonstrate knowledge of, and competence in using 'common factors' to engage patients, gather information, build a therapeutic alliance with people with common mental health problems, manage the emotional content of sessions and grasp the client's perspective or "world view".

4) Demonstrate knowledge of, and competence in 'patient-centred' information gathering to arrive at a succinct and collaborative definition of the person's main mental health difficulties and the impact this has on their daily living.

5) Demonstrate knowledge of, and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorder from a patient-centred interview.

6) Demonstrate knowledge of, and competence in accurate risk assessment to patient or others.

7) Demonstrate knowledge of, and competence in the use of standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making.

8) Demonstrate knowledge, understanding and competence in using behaviour change models in identifying intervention goals and choice of appropriate interventions.

9) Demonstrate knowledge of, and competence in giving evidence-based information about treatment choices and in making shared decisions with patients.

10) Demonstrate competence in understanding the patients attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.

11) Demonstrate competence in accurate recording of interviews and questionnaire assessments using paper and electronic record keeping systems.

Learning and teaching strategy

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

Module assessment strategy

1) Standardised role-play scenario(s) where trainees are required to demonstrate skills in undertaking both triage within an IAPT service and problem focused assessments. This may be a single scenario, combining both triage within an IAPT service and problem focused assessments, or two shorter assessment scenarios. This (these) will be video-recorded and assessed by teaching staff using standardised assessment measures.

2) Academic assignment: trainees should also provide a reflective commentary on their performance on the above, or an alternative academic assignment could be set e.g. an exam, case report or essay.

3) Successful completion of the following practice outcomes, to be assessed by means of a practice outcomes portfolio:

    - Demonstrates competency in undertaking and recording a range of assessment formats. This should include both triage within an IAPT service and problem focused assessments.
    - Demonstrates experience and competence in the assessment of presenting problems across a range of problem descriptor including depression and two or more anxiety disorders.
    - Demonstrates the common factor competencies necessary to engage patients across the range of assessment formats

Duration

The following structure is suggested for this module

15 days in total:

- Ten days of theoretical teaching, skills practice in intensive workshops and

clinical simulations;

- Five days undertaking directed practice-based learning.

Module 2: Evidence-based low-intensity treatment for common mental health disorders

Aims of module

PWPs aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological treatments and regularly used pharmacological treatments of common mental health problems. Low-intensity psychological treatments place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by behaviour change models and strategies. Examples of interventions include providing support for a range of low-intensity self-help interventions (often with the use of written self-help materials) informed by cognitive-behavioural principles, such as behavioural activation, exposure, cognitive restructuring, panic management, problem solving, CBT-informed sleep management, and computerised cognitive behavioural therapy (cCBT) packages as well as supporting physical exercise and medication adherence. Support is specifically designed to enable people to optimise their use of self-management recovery information and pharmacological treatments and may be delivered individually or to groups of patients (psychoeducational groups) and through face-to-face, telephone, email or other contact methods. PWPs must also be able to manage any change in risk status. This module will, therefore, equip PWPs with a good understanding of the process of therapeutic support and the management of individuals and groups of patients including families, friends and carers. Skills teaching will develop PWPs general and disorder-defined 'specific factor' competencies in the delivery of low-intensity treatments informed by cognitive-behavioural principles and in the support of medication concordance.

Learning outcomes:

1) Critically evaluate a range of evidence-based interventions and strategies to assist patients manage their emotional distress and disturbance.

2) Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance.

3) Demonstrate competence in planning a collaborative low-intensity psychological or pharmacological treatment programme for common mental health problems, including managing the ending of contact.

4) Demonstrate in-depth understanding of, and competence in the use of, a range of low-intensity, evidence-based psychological interventions for common mental health problems.

5) Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low-intensity interventions.

6) Critically evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols.

7) Demonstrate knowledge of, and competence in supporting people with medication for common mental disorders to help them optimise their use of pharmacological treatment and minimise any adverse effects.

8) Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.

Learning and teaching strategy

Skills based competencies will be learnt through a combination of clinical simulation and role plays in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

Module assessment strategy

1) A video-recorded standardised role-play scenario OR an audio or video-recording of a real low-intensity treatment session with a patient treated by the trainee, in either of which the trainee is required to demonstrate skills in planning and implementing a low-intensity treatment programme. This recording will be assessed by teaching staff using a standardised assessment measure. NB Either this or the module 3 clinical assessment (or both) need(s) to be a recorded session of a real patient seen by the trainee.

2) Academic assignment: trainees should also provide a reflective commentary on their performance on the above, or an alternative academic assignment could be set e.g. an exam, case report or essay.

3) Successful completion of the following practice outcomes, to be assessed by means of a practice outcomes portfolio:

- Demonstrates experience and competence in the selection and delivery of treatment of a range of presenting problems using evidence based low-intensity interventions across a range of problem descriptor including depression and two or more anxiety disorders
- Demonstrates the ability to use common factor competencies to manage emotional distress and maintain therapeutic alliances to support patients using low-intensity interventions
- Demonstrates high quality case recording and systematic evaluation of the process and outcomes of mental health interventions, adapting care on the basis of these evaluations

Duration

The following structure is suggested for this module

15 days in total:

- Ten days of theoretical teaching, skills practice and clinical simulations
- Five days undertaking directed practice-based learning

Module 3: Values, diversity and context

Aims of module

PWPs operate at all times from an inclusive values base which promotes recovery and recognises and respects diversity. Diversity represents the range of cultural norms including personal, family, social and spiritual values held by the diverse communities served by the service within which the worker is operating. Workers must respect and value individual differences in age, sexuality, disability, gender, spirituality, race and culture. PWPs must also take into account any physical and sensory difficulties people may experience in accessing services and make provision in their work to ameliorate these. They must be able to respond to people's needs sensitively with regard to all aspects of diversity. They must demonstrate a commitment to equal opportunities for all and encourage people's active participation in every aspect of care and treatment. They must also

demonstrate an understanding and awareness of the power issues in professional / patient relationships and take steps in their clinical practice to reduce any potential for negative impact this may have. This module will, therefore, expose PWPs to the concept of diversity, inclusion and multi-culturalism and equip workers with the necessary knowledge, attitudes and competencies to operate in an inclusive values driven service.

PWPs are expected to operate in a stepped care, high-volume environment. During training, trainee PWPs should carry a reduced caseload, with the number of cases seen depending on their stage in training, building up to a maximum of 60-80% of a qualified PWP's caseload at the end of training. PWPs must be able to manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision-making. PWPs need to recognise the limitations to their competence and role and direct people to resources appropriate to their needs, including step-up to high-intensity therapy, when beyond their competence and role. In addition, they must focus on social inclusion – including return to work and meaningful activity or other occupational activities – as well as clinical improvement. To do so they must have knowledge of a wide range of social and health resources available through statutory and community agencies. They must have a clear understanding of what constitutes the range of high-intensity psychological treatments which includes CBT and the other IAPT approved high-intensity therapies and how high-intensity treatments differ from low-intensity working. This module will, therefore, also equip PWPs with an understanding of the complexity of people's health, social and occupational needs and the services which can support people to recovery. It will develop PWPs decision making abilities and enable them use supervision and to recognise when and where it is appropriate to seek further advice, a step up or a signposted service. Skills teaching will develop PWPs clinical management, liaison and decision making competencies in the delivery of support to patients, particularly where people require intervention or advice outside the core low-intensity evidence-based interventions taught in module 2.

Learning outcomes:

1) Demonstrate knowledge of, and commitment to a non-discriminatory, recovery orientated values base to mental health care and to equal opportunities for all and encourage people's active participation in every aspect of care and treatment

2) Demonstrate respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, race and culture.

3) Demonstrate knowledge of, and competence in responding to peoples' needs sensitively with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any physical and

sensory difficulties service users may experience in accessing services.

4) Demonstrate awareness and understanding of the power issues in professional / service user relationships.

5) Demonstrate competence in managing a caseload of people with common mental health problems efficiently and safely.

6) Demonstrate knowledge of, and competence in using supervision to assist the worker's delivery of low-intensity psychological and/or pharmacological treatment programmes for common mental health problems.

7) Demonstrate knowledge of, and competence in gathering patient-centred information on employment needs, wellbeing and social inclusion and in liaison and signposting to other agencies delivering employment, occupational and other advice and services.

8) Demonstrate an appreciation of the worker's own level of competence and boundaries of competence and role, and an understanding of how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the worker alone.

9) Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work.

Learning and teaching strategy

Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback and supervised practice through supervised direct contact with patients in the workplace. Knowledge will be learnt through a combination of lectures, seminars, discussion groups, guided reading and independent study.

Module assessment strategy

1) A clinical planning scenario, real assessment or treatment case, or other clinical task in which trainees are required to demonstrate knowledge and skills in working with a person or people with a variety of needs from one or more of a range of diverse groups. This could be assessed by a case report, an oral presentation, a rated tape, or other method as appropriate to the task. NB Either this or the module 2 clinical assessment (or both) need(s) to be a recorded session of a real patient seen by the trainee.

2) A case report, reflective commentary, essay or exam in which trainees are required to demonstrate knowledge and competence in using case management and clinical skills supervision. If a real treatment case has been used for the clinical assessment above, this task could be an accompanying reflective commentary detailing how supervision was used to support working with this patient.

3) Successful completion of the following practice outcomes, to be assessed by means of a practice outcomes portfolio:

   - Demonstrates the ability to engage with people from diverse demographic, social and cultural backgrounds in assessment and low-intensity interventions. This could include adaptations to practice working with older adults, using interpretation services/self-help materials for people whose first language is not English, and/or adapting self-help materials for people with learning or literacy difficulties.
   - Demonstrates the ability to effectively manage a caseload including referral to step up, employment and signposted services
   - Demonstrates the ability to use supervision to the benefit of effective (a) case management and (b) clinical skills development. This should include: a) a report on a case management supervision session demonstrating ability to review caseload, bring patients at agreed pre-determined thresholds and provide comprehensive and succinct case material; b) a report on use of clinical skills supervision including details of clinical skills questions brought, learning and implementation.

Duration

The following structure is suggested for this module

15 days in total:

- 5-10 days to be spent in class in theoretical teaching and clinical simulation,
- 5-10 days undertaking directed practice-based learning.