Psychological Wellbeing Practitioner Training

Accreditation Handbook (3rd edition)

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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.
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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 Minimum 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](http://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. ①

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. ①

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. ①

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 PWP.

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.
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](http://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](http://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.

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.
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 (PWP), 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 turnover 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.
Supplementary guidance on the role of the external examiner

What is the purpose of this guidance?

Training for Psychological Wellbeing Practitioners (PWP) is focused upon enabling PWP 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 markssheets, 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 markssheets. 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