the british psychological society
promoting excellence in psychology

GUIDANCE

Guidance for BPS accredited psychological wellbeing practitioner programmes in relation to the Covid-19 outbreak

INTRODUCTION

This document is intended to serve as a guide to Psychological Wellbeing Practitioner (PWP) programmes which have been affected by the Covid-19 outbreak. It has been prepared in consultation with the BPS PWP Training Committee with additional contribution and advice from key stakeholders. The Covid-19 accreditation advice and guidance with regard to reasonable adjustments will now be extended to cover the next academic session 2020-2021 only. During which time as things progress, the guidance may be reviewed and further recommendations or modifications may be made.

- We expect that programmes will follow current NHS and UK government guidance, the UK Quality Assurance Agency Quality Code and also their own university's advice on placement attendance and assessment.
- This document offers guidance on how courses can enable trainees to develop and demonstrate competencies as defined in the PWP programme curriculum; to maintain continuity as far as possible, and is intended to advise on interim measures while the public health emergency continues.
- This document is also based on the expectation that duty of care, safe practice and protection of the public are paramount, and that any flexibility employed as a temporary measure is regarding the timeframe and methods of training. We are not reducing or changing any of our training standards and the PWP curriculum remains unchanged.
- In the spirit of the no detriment policy being employed by some universities, working with providers we will endeavour to minimise the impact wherever possible, but exceptions cannot be made to the requirements of professional regulation, national curriculum or course accreditation.
- We expect that programmes and services will support trainees' wellbeing in the circumstances.

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- While the guidance included below relates to PWP programmes in England specifically, it is recognised that all of our accredited programmes will be experiencing the impact of the outbreak and specific issues will be dealt with on a case-by-case basis. We expect that programmes and services will support trainees' wellbeing in the circumstances.

BPS PWP ACCREDITATION STANDARDS IN RELATION TO COVID-19 OUTBREAK

AREA	PROGRAMME STANDARD	GUIDANCE
Structure of training and teaching	**2.2 Structure of training** 2.2(2) The delivery of 45 days' training… courses are expected to focus the majority of their teaching activity on clinical competence development through clinical simulation/role play. 2.2(4) The curriculum includes both theoretical learning and skills practice within the education provider, and practice-based learning (activities directed by the education provider that extend learning into practice). **Over the 3 modules of 45 days, 25–30 days are delivered as theoretical learning and skills practice and 15–20 days as directed practice-based learning.** • Skills based competencies will be learnt through a combination of clinical simulation in small groups working intensively under close supervision with peer and tutor feedback, and supervised practice through supervised direct contact with patients in the workforce. • Knowledge will be learnt through a combination of lectures seminars, discussion groups, guided reading and independent study. Providers are encouraged to explore and keep abreast of developments and innovations in pedagogy that facilitate active learning. • Directed practice-based learning tasks include shadowing/ observation, role play/ practice with peers/colleagues of assessment and interventions, self-practice of interventions with reflection (i.e. applying techniques to issues from own life), and directed problem-based learning.	We will recognise where alternative (distance/ online via a VLE) ways for competencies to be taught/met are offered during the next six months. Additional teaching may be needed for trainees who will be working remotely in their clinical placement. In some exceptional circumstance programmes may be required to give consideration to delaying aspects of teaching and learning beyond the point of the planned qualification end date. In this instance, guidance from the Society should be sought as soon as possible. Programmes should be aware that study at distance and independent study are not the same. We expect that programmes will put in place measures to ensure that students are able to continue to take part in interactions and discussions. Programmes should attempt to adhere to the 50% skills practice requirement, however this may not be possible in the same way through a virtual learning environment. For example providers may ask trainees to record skills practice exercises and be prepared to submit these to the programme team as evidence of continued skills practice. They may also offer small groups dedicated contact time with tutors to practice skills remotely. Providers should expect to be able to provide evidence as to the strategies they employ to ensure continued unobserved and observed supervised practice.

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Clinical contact hours and supervision hours	2.2 (7) Trainees should complete: • A minimum of 80 clinical contact hours with patients (face-to-face or on the telephone) within an IAPT service. • A minimum of 40 hours supervision of which at least 20 hours should be case management supervision and at least 20 hours should be clinical skills supervision.	Programmes should consider alternative ways for trainees to meet this aspect of the standard, referring to the guidance issued by the employing Trusts during the Covid-19 public health emergency. This may include telephone and video contact, with video contact being used to replace face-to-face contact hours. Trainees are encouraged to keep careful and comprehensive records of the activities they undertake during this time. Where trainees are potentially redeployed to meet increased service need, we will recognise contact hours in alternative services where such contact can be shown to evidence the competencies as per the curriculum. Trainees must continue to be appropriately supervised and comprehensive and careful record keeping is maintained as evidence of achievement. Further guidance on supervision can be found below. In some instances, it may be necessary to consider alternative supervision arrangements. In some cases, appropriately qualified programme staff may, if capacity permits, offer some clinical skills supervisory support however it is accepted that this may not be permissible due to resource constraints and that clinical case supervision must still be undertaken within services by the primary supervisor. Where a trainee has completed and passed all assessments but because of Covid-19 related restrictions has only obtained 75% of the total clinical contact hours at the usual point of qualification from the programme (most commonly at end of the training year), it would be reasonable for service providers to consider them as fully qualified PWPs for employment purposes, with agreement that the remaining 25% of contact hours are gained within 3 months of the original planned programme end date. Providers should work closely with services to put in place contingency plans to support the above scenario, should this occur. The option to extend a trainee's submission beyond the original programme end date should be avoided where possible and only used in exceptional circumstances. It is strongly advised that the two extensions of submission of clinical contact hours and the in-service clinical recording are not offered jointly for a trainee to ensure that a trainee is able to complete within the 3 month timeframe permitted. Any extensions as outlined in the guidance are at the discretion of the Programme Team, in collaboration with services where relevant, and based on University regulations.

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Assessment	2.2 (6) Assessment strategies • Module 1 – Standardised role play, video-recorded and assessed by teaching staff. • Module 2 – A video-recorded standardised role play scenario OR an audio or video-recording of a real low-intensity treatment session with a patient treated by the trainee. • Module 3 – A clinical planning scenario, real assessment or treatment case or other clinical task. • NB either module 2 or 3 clinical assessment (or both) need(s) to be a recorded session of a real patient seen by a trainee.	Where required, alternative assessments should be put in place, this can include the use of virtual and video technology. Care should be taken to ensure that the outcomes assessed as per the curriculum are mapped against the new assessments. In exceptional circumstances where a trainee has been unable to obtain and submit a clinical recording in service but has received sign off for all other practice assessments and placements in service, service providers may wish to consider the trainee as provisionally qualified for employment purposes, with agreement that the remaining in-service clinical recording should be submitted within 3 months of the original programme end date and taking account of the possibility that this might be failed and the trainee not qualify from the programme. The option to extend a trainee's submission beyond the original programme end date should be avoided where possible and only used in exceptional circumstances. It is strongly advised that the two extensions of submission of clinical contact hours and the in-service clinical recording are not offered jointly for a trainee to ensure that a trainee is able to complete within the 3 month timeframe permitted. Any extensions as outlined in the guidance are at the discretion of the Programme Team, in collaboration with services where relevant, and based on University regulations.
Supervised practice	**2.4 Supervised practice** 2.4.1 (3) IAPT services and other services providing placements to PWPs in line with our requirements must identify sufficient clinical and case management supervisors to work with trainees in the workplace. Supervisors must: • Have demonstrable knowledge and experience of delivering low-intensity interventions; • Be conversant with the service's CBT-based self-help and online materials and site protocols. • Have attended a PWP supervisor training course; and • Provide weekly case management supervision and fortnightly clinical skills supervision to their trainee PWPs.	There may be the requirement of appropriate alternative supervision for some trainees who may have been redeployed or where their supervisor for a variety of reasons may be unable to support them. As above, we will support alternative supervision arrangements. This could also include appropriate supervision as part of a different interdisciplinary team. During such challenging times we anticipate that some trainees will not have access to supervision by a staff member who has undertaken training specific to a PWP programme. Where this is the case and trainees are not delivering LI CBT interventions then alternative and appropriate arrangements should be made. Where appropriate alternative arrangements cannot be made, programmes could consider interrupting students and extending the programme.

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Supervised practice (continued)	2.4.3 (2) 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. 2.4.3 (4) 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. 2.4.3 (6) 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. 2.4.3 (10) Supervisors need to satisfy themselves that they have sufficient evidence of trainee's performance in relation to the required practice outcomes in order to sign off their achievement of those practice-based outcomes. 2.4.5 Programmes must have in place a formal, documented audit process for clinical placements and supervision in partnership with service leads and supervisors.	In instances where trainees continue to deliver LI CBT interventions this should continue only where appropriately qualified supervisors, as defined by the standards, are available. Roth & Pilling competencies still apply and providers and services must adhere to the requirements of Low Intensity CBT supervision. In some circumstances it may be appropriate to recruit alternative supervisors (assuming they meet the Roth & Pilling competencies for Low Intensity CBT supervision) or to extend the time period by which the supervision hours must be met. Low Intensity CBT delivery is well set up for alternative modalities (e.g. telephone, video, MS teams) and this should be applied where possible to ensure adherence to the competencies.
Leave of absence	Local university and employers' regulations in place	Consideration should be made by programmes as to how they will manage trainee absence due to illness and self-isolation or caring responsibilities in line with standard university regulations and placement contracts. This will include potentially interrupting some trainees to allow them to proceed with their studies upon return to the programme without penalty. Consideration should also be given to arrangements for managing the impact of staff absence upon the programme. Programmes should bear in mind that this may require some flexibility of end date and qualification for some trainees. Health Education England are aware of the impact that this may have upon funding and are supportive of providers who may wish to take this approach for some individual trainees.

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Re-deployment/ deployment		Consideration should be made by programmes as to how they will manage redeployment of trainees to different roles within services or outside of these. This is particularly pertinent where trainees will not be able to meet the contact hours or competencies described in the standards. Where meeting competencies will prove difficult either due to the type of role the trainee is undertaking or due to the lack of appropriate supervision, this will include potentially interrupting study for some trainees to allow them to proceed with an extension to their studies upon return to the programme without penalty.

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