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An important note about the handbook and PWP training programme

This handbook is intended to give you the key information that will help you whilst in training. It will give you an introduction to some of the key aspects of the certificate and being a student at UEA. However, it is impossible to include all the information you need in such a small space, given this you will also have access to a wealth of information on Blackboard and the UEA IAPT web pages.

We have a large resources area on the UEA website for IAPT training, including key documents that you and your supervisors and managers can access without logging in or being registered, which continues when you have completed your studies. These can be found at: www.uea.ac.uk/medicine/departments/psychological-sciences/cognitive-behavioural-therapy-training/iapt-and-cbt-resources in addition to the resources on Blackboard. These resources aim to support your learning and ongoing clinical work in your service. Be sure to consult this area regularly.

Please note that it is the students’ responsibility to ensure relevant policies, codes of conduct and professionalism are adhered to. You need to take time to be familiar with these. When you begin the training you will be required to read and sign the ‘IAPT Student Declaration and Agreement’ which outlines your responsibilities. UEA policies, regulations and programme level specifications are subject to change. Please consult the UEA Portal for any changes to general student regulations, policies and guidance. The course team will endeavour to notify you of any changes via Blackboard. As a joint training between the University and your service, we also regularly communicate with and share information about your progress with your Service Manager and/or Supervisors in practice. This includes information about attendance and absences, punctuality, progress towards competency and results. We aim to release the results to you online prior to informing the service where possible. In turn, the service share information with us about your progress in the clinical setting.

Being a practitioner requires you to be professional at all times. Norwich Medical School and the Department of Clinical Psychology expect you to behave professionally and ethically from day one. We ask you to become a member of the BABCP or BPS and adhere to their codes of Conduct and Ethics, Social Media Guidelines and all relevant UEA codes of conduct at all times. We have appropriately high expectations regarding professional behaviour. We would expect all of our interactions with you to be appropriately professional and for you to continue in this way in all aspects of your PWP role.
Welcome from the all at the IAPT team. The Department of Clinical Psychology

Welcome to the IAPT Postgraduate Certificate/Certificate in Evidence Based Low Intensity CBT. The training is situated in the Department of Clinical Psychology, Norwich Medical School. You join the course at an exciting time as we have recently been awarded our first full accreditation with the British Psychological Society following an accreditation visit in March 2018. The Improving Access to Psychological Therapies (IAPT) initiative has been upskilling practitioners to implement NICE guidelines for depression and anxiety disorders since 2008. It has brought with it significant change in the field of psychological therapies and far greater access to evidence based treatments for patients in need, at a time they need it. IAPT practitioners are highly skilled and competent practitioners. UEA provide both High Intensity CBT and Low Intensity CBT training programmes as well as CPD and further post-qualification training awards you can undertake once qualified. Our course is one that will not only prepare you for working as a Trainee Psychological Wellbeing Practitioner, but will also teach you the skills needed to learn throughout your career as a Qualified PWP.

Our PWP course is demanding and at times likely to be challenging. Given this we have put robust systems in place to support you through the course of your training - for example a personal advisor system and access to all UEA support systems. Alongside this, make sure you attend to your own self-care. If you are concerned about how you are coping with any aspect of your training please do approach your personal advisor to discuss this as early as possible.

We wish you all a stimulating and successful time here with us at UEA.

Meet the IAPT PWP Teaching Team in the Department of Clinical Psychology

Dr Paul Fisher. Clinical Senior Lecturer and Programme Director
Paul Joined the Department of Clinical Psychology in 2013 as a Clinical Lecturer in Clinical Psychology and has contributed to the departments Clinical Psychology Doctorate and IAPT Programmes, becoming Programme Director in September 2017. Paul has taught extensively on a wide range of topics and has significant experience advising, clinically supervising and research supervising students across a range of academic levels. Prior to working at UEA Paul worked for James Cook University, Singapore conducting teaching, research and supervision to postgraduates and undergraduate psychology students. Alongside academic work Paul has always maintained a strong clinical interest and currently works three days per week within local mental health services leading the inpatient psychology service for older adults. Paul has gained a Postgraduate Certificate in Higher Education and is working towards a Masters in High Education Practice. He is also an active researcher with a range of research interests and publications and expertise in the use of qualitative research methods.
Laura Lovis. PWP Clinical Lecturer, UEA
Laura is a Senior PWP Tutor at UEA, previously Laura was an Associate Lecturer on the University of Exeter IAPT programmes and undertook the PWP Certificate training, then after consolidating this undertook the PG Diploma in advanced PWP and the Postgraduate Certificate in Academic Practice. Laura has worked as a PWP in the South West and in London giving her a great range of experience of different services and the role. She supervises other PWPs and trainees. Laura has co-authored a published chapter on the role of Self Practice/Self Reflection in PWP training.

Cerys Stuart-Buttle. PWP Clinical Lecturer, UEA
Cerys joined the department as a Clinical Lecturer after previously working as a PWP in the Oxford IAPT service and subsequently in the Cambridge Older People’s Integrated Care Team. Cerys has a particular interest in low intensity treatment protocols for working with sleep difficulties, as she was the service lead for insomnia at the Oxford service. She also has an interest in working with older adults and has considerable experience implementing and augmenting low intensity interventions when working with this patient group. Prior to working as a PWP Cerys worked in the legal sector, but chose to retrain and completed the conversion course in Psychology before undertaking her PWP training. Outside of work Cerys enjoys spending time with her family and likes to travel.

Joel Owen. PWP Clinical Lecturer, UEA
Joel is a qualified Psychological Wellbeing Practitioner who trained at UEA. He worked subsequently as a PWP in Hertfordshire before joining the UEA academic staff in March 2017. He has several years’ experience working in educational and social care roles and prior to his work in IAPT he completed a Masters in philosophy where he developed an interest in the philosophical origins of CBT. He is particularly interested in supporting trainee development by encouraging reflective practice and has written and published on the value of reflective exercises for personal development in more general, non-clinical settings. Joel is currently working towards completing his PGCert in Higher Education Practice and in his spare time, enjoys reading and playing music.

Jessica Harper. PWP Clinical Lecturer, UEA
Jess joined the UEA department as a lecturer on the PWP course and also continues to work part-time as a PWP team lead within the Berkshire IAPT service. Jess trained and qualified within this service, working as a PWP before moving into a leadership role where she has supervised PWPs and supported trainees with their clinical practice including signing off their portfolios. Jess has also presented about the role of the PWP and implementing online working within Step 2 teams at national conferences. In her own time, Jess loves to bake and exercise.
Janine Algar. Lecturer and Supervisor for IAPT PWP Training

Janine has a background in Counselling Psychology, having studied at Roehampton University in London in 2004. Janine joined IAPT in 2009, as a PWP before completing the PG Diploma in CBT for Primary Mental Health Care at the UEA. As a BABCP accredited Therapist, Janine has worked in various locations around Norfolk, including a large, busy city service, running workshops for Low Self Esteem and developing special interests, as an EMDR therapist working with adult trauma. Alongside her NHS work, Janine has been developing her private practice in South Norwich. Prior to working in Mental Health, Janine has worked for many years with people with learning disabilities in various community, educational and institutional establishments, focusing on enabling and empowering, vulnerable people to improve their quality of life. Janine is committed to the IAPT programme and looks forward in working with you on your own journey.

Sue Wood. Associate PWP Tutor UEA

Sue is an Associate PWP tutor at UEA, she also works as a LTC consultant at Northampton General Hospital and is a Mindfulness Teacher (MBCT). Sue leads the PWP long term condition module for the University, which is an additional module we offer for qualified PWP’s. Sue teaches into Module three of the core PWP training. Following qualifying as a PWP Sue has worked in a range of areas including GP practices, hospitals and in patient’s homes. Sue was the only PWP to work on the IAPT LTC and MUS Pathfinder project developing and delivering innovative interventions for people with co-morbid Stroke, Chronic Obstructive Pulmonary Disease (COPD), Fibromyalgia and other MUS conditions. Most recently Sue has developed a Step-2 service for NHS Staff in Northamptonshire for the Occupational Health and Wellbeing Department.

In addition to the team above, where appropriate, we may also invite external experts from IAPT services, our UEA Expert by Experience Committee, our ClinPsyD team and the national IAPT programme, to feed into the content development or our online resources or delivery. For example, Kevin Jarman, IAPT Manager in the Department of Health 2008-2016, has contributed to the UEA online resources.
“Welcome to the PWP course and well done for earning your well-deserved place.

As you will find out the course can be intense and there will be a lot to cover over the time, so my advice to you all would be to practice your organisation skills as this will certainly help you as you go through the modules. I am a fairly organised person myself and at times it feels like you’re not organised but the tutors and your supervisors in service will support you so don’t feel worried to ask for help.

Role plays make up a large percentage of the course; believe me you will be used to them by the end. My advice would be to utilise the role play time as much as you can, this is something I made the most of and it paid off for me and I always say you get out what you put in. I was fortunate to be within an IAPT role before starting the course so I had some prior knowledge, but something I would recommend as I found it helped me greatly to progress well in course and within role play was to read as much as I could about the interventions before the teaching days. The How to Beat books by Marie Chellingsworth and Paul Farrand will give insight into what is to come and it will make your role playing easier!

Finally ensure you keep yourself well and continue to make time for yourself and keep up hobbies as this can easily slip out of your routine.

Personally I have really enjoyed the course and found the tutors to be very supportive throughout, so I really hope you all share the same view.

Best of luck to you all!”

Nicola Brown

“Dear Trainee PWP,

Whether you join this course from an academic or life experience background you will all be at same starting point regarding the PWP skills you need to acquire at The University of East Anglia. Together, you will develop the understanding and background knowledge to distinguish between different mental health disorders, be equipped to deliver a probable diagnosis for each patient you see using the skills you have acquired to carry out assessments, and thereafter deliver the appropriate evidence-based cognitive behavioural therapy treatments. Furthermore, the training will give you the opportunity to reflect in ways that will help you know yourself a little better at the end of the course than before.

The PWP training will undoubtedly challenge you while you juggle the demands of your full-time in-service work with your university studies, but if you can pull together as a cohort, and support and empathise with one another during the ups-and-downs of the learning journey you will gain so much more from the whole experience than the curriculum itself. Before long, you too will have a caseload of patients who will rely on you to guide them to an understanding of their own mental health condition and in turn you will have the privilege of being in a role that can make a positive difference to each patient’s recovery.

May I wish you all the very best of luck with your training, and future endeavours.

With best wishes”

Alison Cutler
Where to find information

This handbook provides you with relevant course specific information about your programme of study and the assessments required to complete it successfully. It contains essential information and documents that you will need to consult regularly throughout your programme and most commonly asked questions are answered within it. Please consult this handbook first. Further, in addition to this Trainee Handbook, a PWP Supervisors Handbook and Welcome packs are available and can be accessed on Blackboard. You will have access to Blackboard through the portal using your user name and password.

Further information about IAPT training requirements for PWPs are available on the UEA IAPT website here: www.uea.ac.uk/medicine/departments/psychological-sciences/cognitive-behavioural-therapy-training/iapt-and-cbt-resources

Useful information on studying at UEA is also available online and can be found at https://www.uea.ac.uk/study/brochures/fmh-postgraduate-prospectus as well as in the central UEA student handbook that contains information about all key UEA policies and guidance. The central UEA handbook is for all students studying on undergraduate and postgraduate taught programmes across the University. It aims to give new and continuing students a central reference point for University-wide regulations, processes and guidance to help and support you through your studies with us. It can be found on the UEA Portal:

https://portal.uea.ac.uk/learning-and-teaching/students/getting-started/handbooks

There is also information about studying at UEA and study resources to support you available on the UEA website here:

https://portal.uea.ac.uk/dos/learning-enhancement/study-resources

The IAPT administrator, who is the University main contact for service providers, commissioners and queries related to recruitment, registration, location of training and bookings, is based in the Edith Cavell Building (next to the Norfolk & Norwich Hospital) and can be contacted on iapt@uea.ac.uk

The second team you will need to work with is the Learning and Teaching Service (LTS) Hub based in the Elizabeth Fry Building on campus. The LTS team will be your main contact for all assessments, results and student record queries. The team can be contacted hub.pgt.med@uea.ac.uk

If you need information about your UEA IT account please contact the IT Helpdesk Tel: 01603 592345 Email: it.helpdesk@uea.ac.uk. Further information about IT accounts and password security can be found at www.uea.ac.uk/password

How the course is organised

The PG Certificate/Certificate in Evidence Based Low Intensity CBT is organised into three compulsory 20 credit modules. Each module has a dedicated module organising who takes
overall responsibility for that module. If you have any questions about a specific module/aspect of your learning, contact the module organiser in the first instance. You must successfully complete all three modules (60 credits in total) for the award of Certificate to be granted and thus be eligible to qualify as a Psychological Wellbeing Practitioner (PWP). All individual components of assessment must be passed within a maximum two permissible attempts and no compensation for any element can be granted. The portfolio draws from experiences associated with all three modules and must be submitted and passed in module three to pass. The training you are undertaking consists of 45 days across three modules. 30 of these days are at the University undertaking your taught clinical skills sessions. 15 days in-between the taught sessions are compulsory university directed timetabled days in which you will undertake the activities given to you that build on the taught sessions.

There are different module codes for those of you taking the course at Level 6 (UG Certificate) and those taking it at Level 7 (PG Certificate) so please ensure you use the correct code for the two levels of the course given below in the table in all your work and any correspondence. You begin on modules 1 and 2 simultaneously so you can learn how to both assess and treat patients. You will then move onto module 3 when those modules are completed.

<table>
<thead>
<tr>
<th>Module Code Level 6</th>
<th>Module Code Level 7</th>
<th>Module Name</th>
<th>Credits</th>
<th>All assessments non-condonable</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED-6056D</td>
<td>MED-7056D</td>
<td>Engagement and Assessment in Low Intensity CBT</td>
<td>20</td>
<td>Yes</td>
</tr>
<tr>
<td>MED-6056D</td>
<td>MED-7056D</td>
<td>Evidence Based Low Intensity CBT Interventions</td>
<td>20</td>
<td>Yes</td>
</tr>
<tr>
<td>MED-6058E</td>
<td>MED-7058E</td>
<td>Diversity, Values and Context in Low Intensity CBT</td>
<td>20</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Overview of the 3 modules and the way they are assessed:

**Module 1: Engagement and Assessment in Low Intensity CBT**

Module Organiser: Laura Lovis

Module 1 is focused on developing the knowledge and skills of assessing and engaging patients who may present in IAPT services through referral from a Health Professional or through Self-Referral. You will learn: how to undertake a disorder specific 35 minute patient-centred assessment, how screenings are undertaken in some services, how to conduct a comprehensive risk assessment, how to administer standardised assessment tools, how to give a probable diagnosis and how to come to a shared decision with the patient about next steps and how to give appropriate information about relevant treatment
options. The module will teach you the necessary common factors to engage the patient and build a therapeutic relationship and also the specific factors to assess in a Low Intensity CBT way. You will undertake skills practice for each phase of the assessment and full sessions with a range of introductory and more challenging scenarios that you will face in real life in clinical practice so you feel confident and competent in your abilities.

The assessments in this module are:
- a 35 minute OSCE undertaking a patient assessment,
- a reflective commentary assignment on your performance on the OSCE,
- an in-class test on disorder recognition, coding and evidence based treatment planning,
- outcomes that you will undertake in your clinical practice in IAPT, signed off by your supervisor and submitted in module 3.

Module 2: Evidence Based Low Intensity CBT Interventions
Module Organiser: Joel Owen

Module 2 is focused on developing the knowledge and skills required to support patients to use evidence based Low Intensity CBT interventions in face to face, telephone, group and cCBT formats. You will learn to undertake a patient intervention session of up to 30 minutes, from the first session of an intervention, through to each subsequent session and through to discharge. You will also learn how to use the COM-B model of behaviour change to inform treatment planning. The module aims to help you to feel confident and competent in managing any difficulties faced by patients in carrying out these interventions and maintaining the therapeutic relationship.

The assessments in this module are:
- a 30 minute OSCE undertaking a patient intervention session at a stage in their treatment,
- a reflective commentary assignment on your performance on the OSCE,
- an in-class test on evidence based treatment intervention delivery and behaviour change,
- and outcomes that you will undertake in your clinical practice in IAPT, signed off by your supervisor and submitted in module 3.

Module 3: Diversity, Context and Values in Low Intensity CBT
Module Organiser: Jessica Harper

Module 3 is focused on respecting and valuing individual differences, focusing on diverse groups and ways in which we may need to augment our role to meet individual needs and overcome any barriers towards accessing services. To consider the context in practice, you will learn the differences between high and low intensity interventions as well as considering the use of supervision and power within the therapeutic relationship. You will
learn how to augment your interventions and assessments when working with patients with long term conditions (LTCs), sensory impairments, those over 65, people from BME groups or where there are language, cultural, employment, spiritual or sexuality considerations. It aims to equip you with an understanding of the complexity of people’s health, social and occupational needs and the services which can support people to recovery. It will develop your decision making abilities and enable you to use supervision and recognise when and where it is appropriate to seek further advice, a step up or a signposted service. The module retains the interactive feel of the first two modules, with a balance of skills practice to enhance your confidence in working with these groups.

The assessments in this module are:
- a live patient recording of a treatment session with a patient with an area of diversity from your caseload,
- a case report of how you have worked with the patient from the live recording,
- In addition, to complete the training, the portfolio you have been building throughout the course will be submitted. The portfolio will contain: the log of your clinical practice sessions and record; the log of your hours of case management and clinical skills supervision; the practice based outcomes for each module and evidence for how you have achieved these; your updated SP/SR blogs and an action plan for your future practice as a qualified PWP.

**Online access module: An introduction to studying towards the certificate in evidence based practice.**

Module Organiser: Laura Lovis

At UEA we provide UG and PG entry levels to the Post Graduate Certificate/ Certificate in Evidence based practice with the aim of widening participation to the PWP role and supporting services to have a sustainable and competent workforce. Successful UG applicants will need to complete our new innovative online module as a condition of their place on the training if it is deemed necessary by their interview panel. The module has been developed to support trainees that have relevant clinical experience, but not recent academic study or qualifications. The access module is to be completed after the applicant has registered and before commencement of the PWP training for UG students. It is also available to PG trainees on commencement of the course as part of the blackboard resources provided by the university.

The module contains videos and interactive exercises for trainees to complete and covers the history and context of IAPT, the role of the PWP in service, ethics, a section on academic skills and a values-based exercise to help trainees to identify their own motivations to be a good PWP. Throughout each section are study skill activities linked to the PWP training. UG trainees may also be required to complete written exercises to give to their personal advisor during their first extended personal advisor meeting after induction week. This should help the student and their personal advisor identify any areas
for development in the students’ academic skills which may impact on their performance on the course and following this to put appropriate support into place.

**Course attendance requirements and notification policy if you are absent**

As outlined at interview to all students, the course has a mandatory 100% attendance requirement and any session content missed could severely impact on your required knowledge and skills to undertake the role or ability to meet the required level of competency to pass the course. Should your attendance fall below 80% for any reason, you will normally be required to re-take the module and your service may not fund this re-take. Please be aware, the term dates for IAPT training do not always follow the standard University term dates. Please see your specific timetable for the dates you are required to attend.

As an IAPT trainee, if you are on a funded training place you are paid to attend the training and are required to attend all sessions as you would do a day at work (9am-5pm). You must book all appointments and annual leave outside of timetabled sessions, including directed timetabled days. Only pre-booked holidays notified to the course team at interview and agreed in advance of commencing the course, with evidence provided that they were booked prior to interview, will be suitable grounds for extension requests or authorised absence. The requirements if you miss a session are outlined below and must always be followed on your return. Your advisor will follow up with you regarding missed sessions and evidence of catching on the learning from this session up should be included in your portfolio (see below).

We recognise at times emergencies or illness may occur that prevent you from attending the training or being at work. Should you miss a session for any reason you must notify the course team prior to the session on IAPT@uea.ac.uk and your clinical service using their required sickness and absence reporting policy and procedure. If you have booked patients that will be affected by your absence you are required to let the service know so that your patient can be informed. Should the duration of your absence mean that your attendance goes over one session you should keep in contact with the course team and your personal advisor. If your attendance falls below 80% you will be required to intercalate your studies and re-take the module on your return from where you left off, on the next available cohort. This will require funding which may not be supported by your service. It is your responsibility to let your service know if you have missed any teaching content.

Personal advisors keep a track on attendance and if attendance falls beneath 80% this is raised with the Programme Director and concerns passed onto the service. Students with particular attendance or engagement issues will be formally written to about our concerns and if attendance falls below 80% will not be able to progress on the module.

**Note:** Formal warnings may be given when a student’s conduct with regard to attendance and engagement has been very poor.
Please refer to the University regulations on Attendance, Engagement and Progress [http://www.uea.ac.uk/learningandteaching/students/studying/attendance](http://www.uea.ac.uk/learningandteaching/students/studying/attendance) and the PWP course specifications in your welcome pack which outline the course specific attendance regulation for passing the award.

**Requirements if you miss a session:**

As indicated above if you miss any teaching session you must let us and your service know and ensure your service know what teaching content you have missed.

If you have missed a part or full session due to agreed leave booked before interview or sickness you are required to demonstrate to your Personal Advisor how you have met the aims and objectives of the session including any skills practice missed. You will create a reflective account of how you have met the learning outcomes covered in that session and a signed statement that you have undertaken skills practice with a relevant person to the equivalent hours. If this applies to you, you must submit this to your Personal Advisor as soon as possible after the absence and then as an appendices in your Portfolio in module 3 to show this requirement has been met.

**Outcome of the completed course**

At the end of the course, after the Board of Examiners has met and confirmed the award, the University will issue a formal pass list and you will receive a Certificate in Evidence Based Low Intensity CBT Practice (60 credits) if studying at UG level and you will receive a Postgraduate Certificate in Evidence Based Low Intensity CBT Practice (60 credits) if you are studying at PG level at the following Graduation ceremony.

**How you will learn the required knowledge and skills**

**The Declarative, Procedural, Reflective (DPR) Model of Skills Development**

The programme is underpinned throughout by the Declarative-Procedural-Reflective (DPR) Model (Bennett-Levy, 2006; Bennett-Levy & Thwaites, 2007) of therapist skill acquisition. The DPR model is an information-processing approach to understanding skills development in CBT approaches. Breaking down the model into its three components, it can be understood as a gradual development of knowledge and skills from novice to expert practitioner. The three components of the model are:

1. **Declarative**: development of factual knowledge
2. **Procedural**: the skill in knowing when to and how to apply acquired skills and knowledge
3. **Reflective**: the component where practitioners reflect on their understanding, knowledge or skills acquisition.
The declarative system is concerned with “knowing that” – knowledge of factual information, which may be either autobiographical or abstract. For instance, understanding the physiological responses in panic disorder, the evidence base for Behavioural Activation, or knowing that empathy, warmth and genuineness are key common factor skills are all examples of declarative knowledge. Declarative knowledge is typically learned didactically through lectures, observational learning, supervision, or reading assignments. However, these training approaches alone may produce “inert knowledge” (Binder, 1999), which fails to transfer to practical (procedural) skills in the real world unless supplemented by other strategies (e.g. role-play, practice in clinical contexts, supervision).

Procedural knowledge is the knowledge of “how to” and “when to” – rules, plans, and procedures – which leads to the direct application of skills. The procedural knowledge of experienced practitioners is often tacit – they just “do it”. Their knowledge “chunks” and problem solving strategies become progressively elaborated and refined, and they build a formidable repertoire of representative when-then rules, plans, procedures and skills (e.g. when patient has a clinical depression and is withdrawn and avoidant, then assess routine regulation and create a hierarchy of avoided activities that are routine, necessary and previously pleasurable, to get back balance and help the patient to build outside-in activity patterns). An important distinction needs to be made between novice practitioners, building their skills, and more experienced practitioners refining theirs. Taking the example of practitioners learning to create successful behavioural activation plans, novice practitioners may learn these skills through a series of teaching strategies: a brief lecture, and classroom demonstrations, followed by role-plays setting up a behavioural activation hierarchy and plan with another trainee and getting feedback on performance. Next, they transfer these newfound skills to clinical situations. With repeated use, evaluation and feedback, they refine these basic skills until they become relatively automatic and fluent. Didactic learning, modelling, practice and feedback therefore form the key learning mechanisms for trainees. For the more experienced practitioner, however, the DPR model suggests that the principal strategy that takes a practitioner from being average to expert
is reflection. The experienced practitioner already knows the mechanics of setting up behavioural activation in a variety of clinical situations. However, when s/he faces a difficulty engaging a particular patient in behavioural activation, there may be an apparent mismatch between the practitioner’s current knowledge and the challenge the patient presents. The practitioner’s curiosity is aroused. S/he may reflect afterwards on this difficulty, and perhaps take it to a supervisor, who poses a series of questions to help the practitioner conceptualize the difficulty, and develop potential strategies.

Studies of CBT practitioner development have indicated the key role played by reflection (Bennett-Levy, Lee, Travers, Pohlman & Hamernik, 2003; Bennett-Levy et al., 2001; Milne & James, 2002; Skovholt, 2001). In particular, Skovholt and colleagues (2001, 1992b, 1997), in a series of studies, have suggested that continuous professional reflection is what distinguishes expert practitioners from average practitioners. As they have written: “A therapist or counsellor can have 20 years of experience or one year of experience 20 times. What makes the difference? A key component is reflection” (Skovholt et al., 1997, p. 365). Binder (1999) has also identified reflection as a key element of expertise. He noted that the capacity to improvise is a cardinal characteristic of the expert practitioner, and appears to rely on two sets of generic skills: a highly disciplined and automatized procedural knowledge, and a refined ability to reflect. Bennett-Levy’s DPR model leads to the logical conclusion that the capacity to reflect is arguably the central skill that should be developed in trainees for ongoing professional development and to reach meta-competency level.

The DPR model suggests that different learning strategies are needed to support the development of various therapeutic skills; the table below illustrates how the UEA programme implements the DPR model into all aspects of your learning and skills development:

<table>
<thead>
<tr>
<th>Declarative</th>
<th>Procedural</th>
<th>Reflective</th>
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<td>Class discussion</td>
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<td>Case study</td>
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Lectures and lecture pre-reading

You will find a range of electronic resources to support your teaching sessions in folders on Blackboard. These include PowerPoint files, video clips and PDFs that summarise the main points and demonstrate the clinical skills. The documents often give you a reading list to accompany the lecture or seminar to guide your background reading. We aim to ensure all
handouts are on blackboard at least 1 week before the lecture and we would expect you to be familiar with these before the lecture starts. Given this please regularly review blackboard content to ensure you have everything you need. Print out any materials you want and/or access these using laptops, tablets or other devices. You are welcome to audio tape sessions, if this helps you learn but you need to ask permission from the person leading the lecture on a lecture by lecture basis.

Our lecturers aim to be very collaborative and interactive, with lots of space for questions, discussion and skills practice. So please ask questions and seek clarification when you need to.

If you feel you have a specific learning difficulty, such as Dyslexia, that impacts on your learning and/or assessments and might require the development of an individual learning plan and some reasonable adjustments to be in place please discuss this with your personal advisor ASAP. Please note that the university has specific policies and processes in this area that need to be adhered to, therefore you are strongly advised to raise these concerns early in your studies. OSCEs are outside of reasonable adjustments as these are a national requirement to be completed in the time available for the skill to be delivered.

Self-Practice/Self-Reflection (SP/SR)

Self-Practice/Self-Reflection (SP/SR) is called the engine-driver of developing as a CBT practitioner. In SP/SR you carry out the interventions to areas of your own life in order to experience them from the inside out. Then, you reflect upon what it was like to experience the intervention and work through it and what the implications of this are for yourself and your clinical practice and patients. You will learn more about SP/SR on the course and there are a range of articles about it on Blackboard and a video clip of a therapist’s experience of using SP/SR with Professor James Bennett-Levy. To do SP/SR on the programme you undertake the intervention of the week and then reflect upon the experience on the relevant blog on Blackboard by the deadline and read your peers blogs. Tutors will theme your blogs and then this becomes the agenda for the next clinical skills supervision session on the course.

Skills-Practice

The course has approximately a 30/70 split between declarative theory and procedural skills practice. Practice of the skills you will be learning is essential to move your knowledge into action and become competent in using the skills with your patients. In sessions you will be split into triad groups of three at random each week. You will take turns in the role of PWP, Patient and Observer.

Each role is active and gives you a different perspective. If you are observing, you will give the person role-playing written and verbal feedback using the template provided. Please remember everyone is here to learn and that constructive feedback is an essential part of this process. Be accurate in your feedback and make it constructive. There should always be at least two things done well and two areas where the person could improve for you to feedback. If you are in the role of the PWP you will know what the patient plan was last session (if a treatment role-play) and will have to review how that went. If you are role-
playing an assessment you will have a brief GP letter, but not the provisional diagnosis as that is for you to ascertain. If you are playing the role of the patient, we provide scenarios for you to use that outline the patient case and information to reveal, based on the quality of the funnelling questions you are asked. The scenarios are used so that the case is played equitably and fairly to all as you will not yet have developed your own accurate knowledge of the disorder and its symptoms or understood problems within treatment that can arise. Please do not over-play the scenario, add-lib on symptoms, risk or measure scores. Be fair to your colleagues and be consistent. If necessary, course staff will interject and stop this if it occurs to ensure productive learning takes place.

The course team will rotate around triads to give feedback on your performance and if necessary may step-in to guide the patient or PWP. The course team members will also provide feedback on what has been done well and what needs to be improved to meet competency or for working with a particular case like the one undertaken in the role play.

Every trainee will have been observed undertaking role play of elements of assessment sessions by the end of the induction. You will also be observed a number of times role-playing stages of assessment and treatment sessions prior to undertaking competency assessments. The team keep a register of who has been observed and their progress towards being competent. We also provide you with a log of observations you have had and a traffic light rating of moving towards competency. As a team, we may need to observe some students more than others if, coming up to the competency assessments, we have not seen them demonstrate competency in assessment and/or treatment. However all trainees will have been observed undertaking full assessment and intervention sessions prior to this. If the team have concerns about your competency development they will discuss this with you individually and notify the service so additional support and practice time can be put into place.

A note on the traffic light system of competency development: Following all role-plays at UEA observed by a member of the teaching team, students are given a colour on a competency scale between Red, Amber and Green.

- **Green** represents a well delivered and effective session to a standard of a clear OSCE pass.
- **Amber** means that signs of competency have been demonstrated in some areas, but that improvement is still required for the session to be rated as a likely OSCE pass and to be confident that a patient would benefit fully from a session delivered in this way.
- **Red** equates to a clear OSCE fail and an ineffective session.

**Course Supervision**

On the training course, clinical skills supervision is listed on your timetable. The supervision agenda is taken from the themes identified by tutors in your reflective SP/SR blogs. The
supervision is provided in group format and discussion focuses on the clinical method and SP/SR tasks and blogs, and the implications for clinical practice from this.

**Practice (Field) Supervision in service**

You should be receiving two types of supervision from your service. *Case Management and Clinical Skills.*

- **Case Management** should focus on your caseload, treatment plan or assessment summary, patient scores on the routine outcome measures and risk status and patient engagement with the service. You should receive 1 hour of case management supervision per week once you pick up a caseload. You need 20 hours minimum of case management supervision logged to pass the course.
- **Clinical Skills** should focus on learning and skills enhancements. You should receive 1 hour per fortnight of clinical skill supervision from the start of the course. You need 20 hours minimum (plus the course supervision hours in addition) logged to pass the course.

**Self directed personal study**

You should expect to undertake regular self-directed study in addition to your time on university days and in practice, as outlined at interview. You will also be required to carry out SP/SR tasks in your daily life to experience the interventions from the inside and the patient’s perspective. The amount of time you will need to study is individual and based on previous knowledge and experience. We would expect a minimum of 2-4 hours per week is required for SP/SR self-practice in addition to the directed tasks on directed days and your university days.

**Essential Information about the 15 required University directed timetabled learning days**

You are not in university for these days as the tasks you carry out are most suited to you undertaking work with other trainees and directed learning/skills practice rather than being in a classroom setting. These days are mandatory parts of your learning and should be considered equally as important as the days that you attend the University. Non completion of work will lead to failure to pass the programme. The days are full days, equivalent to the hours you would be in University and are part of your University requirements to pass the award. BPS accredited PWP training programmes have a responsibility to ensure that you are able to undertake these days; so please do speak to us if there are any difficulties in you being given this time. All services are reminded of the importance of these days. All Supervisors and Managers should be aware of your requirements to undertake these days and are provided with the timetable which includes these days. Doing the tasks helps to consolidate, refine and deepen your knowledge, as well as helping you practise your clinical skills to work towards being competent in the clinical methods.
Feedback on modules, course evaluations

Your Tutors will regularly ask for informal feedback about how the module is going at the end of each session block. Tutors will also collect anonymised formal evaluations of teaching and course content roughly half way through the module and again at the end of the module. You will also be encouraged at that point to develop your own action plan to transfer your knowledge from the module into practice. Each cohort will have group appointed Student Representatives who will be able to attend the programme’s IAPT committee meetings to represent the cohort and can feedback information via this route or directly with tutors or the programme director.

After we receive formal feedback we turn this into a report and share this with you as a cohort so you can see how we have responded to your feedback. This would also be shared with other key stakeholders, like services, the wider university and our external examiner.

Links and communications between UEA and your service

At the start of training you are required to provide the direct details of your clinical skills supervisor, case management supervisor and direct line manager. When you are allocated a personal advisor they will contact the service to establish a link with the service to ensure adequate communication between us. Your service can contact them with any requests for information, questions or concerns from the service perspective.

Each individual trainee’s Personal Advisor or a member of the course teaching team overseeing their competency development will keep your service informed on your progress on the course using our traffic light system for key skills development and competency. As a minimum we will do this twice during the training, once towards the end of modules 1 and 2 and once during module 3.

Feedback forms

We have a specific feedback form that will be sent out after each module for each individual trainee which gives details of your:

- attendance and punctuality during the module,
- participation in role-play,
- participation in the group and group tasks,
- progress and participation in Self-Practice/Self-Reflection SP/SR tasks and reflective blogs,
- feedback on meeting deadlines,
- feedback on the directed learning day task completion
- feedback on standards of conduct and ethical behaviour.

We aim to send this out after or around the time of an advisor meeting so that we can feedback to you what will be in this report, including any concerns that we are raising. Prior to competency assessments we will update you and your service on development
towards competency so additional support can be put into place if a trainee is not demonstrating competency in the weeks leading up to the OSCE.

If your service have concerns on your progress in the service they can contact us at any time to arrange a joint progress review meeting and action plan. If they feel a trainee is not meeting the service based outcomes or required hours they are advised to contact us as soon as possible so that a time-limited support plan can be put into place agreed with all parties to allow you to have opportunity to meet these requirements before the submission deadline.

**How you will be assessed**

As outlined in the overview of the modules, there are a range of different summative assessments which will be used to assess your development of the required competencies of a PWP. A summary of these assessments and the submission/assessment dates for your cohort can be found on blackboard with more detailed description of each assessment below.

**Filmed OSCE assessments in Module 1 and 2**

You will be filmed undertaking a 35 minute patient assessment and 30 minute intervention session. For the assessment section you will be given a brief GP referral letter to prepare but will not know the provisional diagnosis of the patient, that is for you to ascertain in the OSCE. The intervention session will be a patient mid-way through treatment and you will know what you have done previously with the patient, their previous scores and homework set. In the session you will have to review progress, problem solve any difficulties the patient has experienced in completing these tasks or any gaps in their understanding about the intervention and plan appropriate new homework tasks. From the induction you will be role-playing to build your skills and the course team will update your service on your progress before filming so they can put into place any additional support in the service. The actors used in your OSCE will be appropriately trained for the role. We use qualified PWP’s where possible to act the patient in the assessment and treatment OSCE’s. This gives us the opportunity to utilize the skills and knowledge acquired by PWP’s having worked in service, whilst also giving these PWP’s the opportunity to become more involved in the course. OSCEs will take place at UEA so we can ensure exam conditions and so they can be filmed with adequate technological support available on site.

**In-class tests in Module 1 and 2 assessments**

In the Module 1 in-class exam you will be given scenarios of patient assessment information and asked to identify the symptoms which would enable you to make an accurate probable diagnosis, based on the information provided. You will be required to demonstrate understanding of the key symptom clusters relevant to particular disorders, the diagnostic codes correlating to the DSM-5 and ICD-10, and what the evidence-based treatment recommendations for a patient presenting in this way would be. You will also be asked to outline your reasoning regarding differential diagnoses, detailing your reasoning for ruling other disorders out when arriving at your probable diagnosis. We will give
examples for you to use in your preparation for the test. You will be permitted to have an unmarked copy of the DSM as provided by UEA with you during this exam.

In the Module 2 test on intervention stages, behaviour change and goal setting you will be given scenarios of patient assessment and treatment information as well as information about treatment completed so far, if any. You will be asked to outline your evidence based treatment plan for that case moving forwards and to identify what may be appropriate next steps. You will also need to use the COM-B model to discuss patients’ capability, opportunity and motivation for change and how you could increase motivation using the relevant resources and tasks for a scenario. There will also be an end of treatment scenario for which you will need to complete a relapse management plan for a patient you have completed working with, based on the scenario information that you have provided, demonstrating what you would do for this. We will give examples for you to use in your preparation for the test.

Please note these tests will take place on the UEA campus to ensure exam conditions.

**Reflective commentaries in Module 1 and 2**

You will undertake a reflective commentary on each OSCE performance. The course will provide you with information to guide reflective writing at the required level of depth and how to structure your work and your SP/SR blogs will also help you develop this skill. The word limit cannot be exceeded, but also is not a fixed expectation, you may not need to use the full word limit to meet the requirements of the assignment. We expect to see a relevant time-limited action plan based on your reflections in the appendices and you should refer to your filmed recording using the time structure e.g. ‘I did not maintain relevant eye contact within the initial part of information gathering on physical symptoms as can be seen on the tape in a number of places (07.05, 08.20, 10,22)…..’ You are also expected to use relevant literature to support your reflections. You can make use of appendices to allow better use of your word count.

**The live practice tape in Module 3**

You are required, in line with the national curriculum, to submit a full session live recording (audio or video) from practice of a patient treatment session with a patient with an area of diversity. We recommend that all sessions where possible are recorded so that you have a choice of tapes to submit prior to the deadline and so that you pick up relevant cases to meet the requirements of the course and curriculum. You will need to upload this tape to the UEA secure area. The client being recorded will need to have consented to this, using a signed consent from which your clinical supervisor has reviewed. Your Clinical supervisor can then provide you with a form declaring that they have seen this consent form and this can be included with your submission (see below). In normal circumstances only you, the marker and potentially the assessment moderator will access the tape. However our Learning and teaching support hub and IT department also are able to review material (for example to support with technical issues) but would not do so routinely. Our external examiner (a qualified PWP herself) is also able to review material. A 10% sample and any fails will be moderated and reviewed by the external examiner to the programme all on the secure server. No other person has access to this secure area or the recording at any
time. Once the assessment is completed, marks released and the examination board has met to agree these results, the recordings will be destroyed. The patient tape chosen must be the same case used in the reflective case report.

**Reflective case report in Module 3**

You will undertake a detailed reflective case report on the patient whose live session you have submitted in the module for the assessment above. This should be a patient that you have worked with using low-intensity CBT with an area of diversity and should demonstrate your treatment planning, a critical review of how this went and how you have made use of clinical/case management supervision to support that case, what you have learned from this and an action plan for the future. A guide to writing a case report is available on Blackboard to highlight key considerations and support you with a suggested structure.

**The Portfolio: Service competency outcomes, clinical work and supervision logs**

It is essential that this is a piece of work that you complete throughout the entire programme. You can refer to the Clinical Practice Outcome Guide available on Blackboard.

In line with the national curriculum there are service based outcomes which you must meet and your service supervisor will sign off in practice. These are standard on all accredited PWP programmes. We have developed a portfolio that contains these outcomes along with the records you must keep for the course in terms of hours of practice and supervision. You will be responsible for completing your log of clinical hours and interventions used throughout the course, hours of supervision you have had and the type of supervision. In this portfolio you will also add your SP/SR blogs that build across the programme with an updated action plan for your future as a qualified PWP. Although this is submitted in module 3, it builds across the year. It is important you complete this requirement and gather evidence for your outcomes as you go through the training right from the start, so as not to put pressure on supervisors and managers to sign things off in one go. Supervisors will receive our guidance pack on supervision, contracting, trainee responsibilities for recording their clinical work, supervision hours, suitable evidence for the service outcomes and supervisor responsibilities for this assessment.

**Senate Scales and Markers’ Feedback**

All written assignments are marked using the proforma developed for each assignment and the UEA senate scale for coursework. The postgraduate senate scale can be accessed here [https://portal.uea.ac.uk/documents/6207125/8551351/senate-marking-scale-masters-level-coursework.pdf/283e8e7c-3929-450b-933f-44b31a3c4904](https://portal.uea.ac.uk/documents/6207125/8551351/senate-marking-scale-masters-level-coursework.pdf/283e8e7c-3929-450b-933f-44b31a3c4904) and the undergraduate senate scale, here [https://portal.uea.ac.uk/documents/6207125/8551351/senate-scale-classifications-coursework.pdf/93b4b29d-6f18-4097-86fc-6908ebed9d8a](https://portal.uea.ac.uk/documents/6207125/8551351/senate-scale-classifications-coursework.pdf/93b4b29d-6f18-4097-86fc-6908ebed9d8a)
The markers assessment/feedback sheets are designed to capture key learning outcomes and reflect the guidance provided above. In preparation of assignments trainees are strongly advised to follow the specific assignment guidance and review the assessment Pro-Forma and Senate Scale for the relevant level of study.

**Formatting requirements**

**Font and spacing:** All course work is required to be in ‘Arial’ or ‘Calibri’ font size 12 with line spacing set at 1.5.

**Trainee number:** The header should contain your trainee number and the footer should contain the page number. You should not put your name on the work on any page of your work or appendix. Your front sheet you upload will have identifiable information but this is removed by the HUB prior to marking.

**Cover sheets:** Assignments should include a Front Sheet/Page using a pro-forma containing the trainee number; assignment submission date; module code; nature of assignment e.g. essay title and the accurate word count of your submission. You are encouraged to use headings and sub-headings to help organise your work however this is not an absolute requirement. If sub-headings are not used, for example in the essay assignment, and this does not have a negative impact on the ability of the marker to follow the structure and line of argument, this would not get reflected in the mark awarded although the marker may comment on this. We strongly recommend that you follow the guidance given for each assignment.

**Tables, figures and appendices:** Should be legible, accurate, titled and numbered/labelled. The reader should be referred to them in the main text where appropriate (e.g. see Fig 1; see Appendix I.) It is not necessary to have a contents page, though trainees may choose to use one and it is good academic practice. A contents page should not be included in the word count.

**Appendices:** Should contain non-published material, or other that is principally supplementary to the assignment e.g. examples of a service user’s diary and content (anonymised); copy of assessment and discharge letters (anonymised for confidentiality). Material essential to the assignment and for the marker to see for the trainee to demonstrate attainment of core learning outcomes should be included in the main text e.g. the working problem statement; interpretation of assessment/outcome scores etc. These can be provided as figures to aid brevity and better use of the word count for the reflection or case report.

**Use of first Person:** The nature of the course work on the programme and reflection in general determines that the use of the first person can often be appropriate. This should not detract however from an academic style, which still needs to be appropriately formal. Trainees are encouraged to acknowledge their use of the first person in the Introduction to the assignment e.g. in the essay ‘The first person will be used at points of reflection on
personal clinical experience.’ In the Case Study ‘The first person will be used in the presentation of interventions, discussion of outcomes and summary conclusions.’

**Word Limit**

Penalties will be applied if work exceeds the word limit, with a 10% tolerance allowance (specific details are included within each assessment item).

The word count includes: footnotes/endnotes; references (in the main text), tables, illustration, and abstracts. Material in the appendix or bibliography is not included.

You must put an accurate word count of the amount of words your submitted work contains on the front sheet of your submission. The word limit given for each piece of submitted work is a limit, not a guide. Students will be penalised for going over the word limit or giving a false word count in accordance with the table below:

| Up to 10% over word count to maximum words permitted (as indicated in assessment instructions above) | No penalty |
| 10% or more over the word limit including the tolerance | Deduction of 10 marks off original mark |
| Intentional misrepresentation of the word count on the coversheet | Mark capped at pass mark |
| Failure to provide an electronic copy when requested | Mark capped at pass mark |

**NOTE:**

1. When the original mark is within 10 marks of the pass mark, the penalty will be capped at the pass mark
2. Original marks below the pass mark will not be penalised

**Academic Referencing, use of sourcing and evidence.**

Trainees are required to use the Harvard referencing method. Further guidance on the required Harvard referencing format can be obtained via the student support services.

[https://portal.uea.ac.uk/documents/6207125/7632456/Referencing+your+work.pdf?d6db2f18-fc3a-436b-9221-5bfb052b7861](https://portal.uea.ac.uk/documents/6207125/7632456/Referencing+your+work.pdf?d6db2f18-fc3a-436b-9221-5bfb052b7861)

Referencing both within the body of your work and in the reference list needs to be completed to a high standard, in keeping with the academic requirements of the course. The academic level of your work is Masters Level if you are studying at PG level and Degree level if you are studying at UG level. The Reference list provided should only include
sources cited in the main text of the assignment and not simply be a list of reviewed articles.

Confidentiality and Anonymity

Trainees are required to anonymise and protect the confidentiality of patients and clinical services by using pseudonyms and make no direct reference to their service name, supervisor, location etc. This includes removing all personal and service details from assessment measures, assessment and discharge reports etc. that may be submitted. When a pseudonym is used to protect confidentiality this should be made clear to the reader in the assignment introduction. We take confidentiality of patients very seriously and breaches in confidentiality may be grounds for a fail.

Trainees need to attain permission from patients prior to using their material for Course Work including when it is anonymised. Patient consent forms should be reviewed by your clinical supervisor to confirm that they have been completed. This form should then be uploaded to your services records – we do not need or want sight of it (this would constitute a breach of confidentiality). When you upload your clinical piece of work to be marked via blackboard you should also separately upload a declaration by your clinical supervisor that they have seen the patient consent form (do not upload your patient consent form). Only ‘submit’ your work when you have uploaded both documents. It is a professional practice requirement that you gain signed consent and are able to demonstrate this. We will not be in a position to mark work if we cannot be clear that the patient has consented for their information to be used for this purpose. If we are unable to mark submitted work it will therefore constitute a failed attempt at the assignment.

In the event of any anonymity and or confidentiality breach in submitted work, whoever identifies this breech is required to notify the hub and the programme director so that an assessment of the degree of confidentiality breach using the Breach of Confidentiality Framework can be undertaken and necessary actions undertaken.

Types of information to be protected:

As a general rule, none of the following should be named or otherwise specifically identified without prior formal written consent being obtained from the individual and/or institution, and attached as an appendix to the assignment:

- Service users
- Their carers, relatives or significant others
- Members of clinical or educational staff

Consideration should also be exercised in the identification of:

- NHS Trusts
- Hospitals, wards, or departments
- Any other placement areas
• UEA, schools of study or specific trainee cohorts

Information must not be disclosed where it is unlawful to disclose it by reason of the common law or any legislation, including the Data Protection Act 1998. This means that inclusion of information in your work, such as names, dates of birth, contact details, clinical locations and photographs, or any other material through which an individual might be identified is prohibited.

It is insufficient to use Tipp-Ex or other such materials to delete confidential information in submitted work since this may not adequately obscure the information from view – it must be impossible to see the confidential information. If a pseudonym is used to preserve anonymity then this must be made clear to the reader in the main body of the assignment. If you are in any doubt about if something you intend to include might breech confidentiality seek advice from your advisor.

**Information that can be used**

There are two ways you can legitimately write about a particular individual or a particular institution:

- You can seek the individual’s or institutions written consent, where such consent will state exactly what information is to be used, and how. As described above if you do this we would expect to see a signed declaration from your supervisor that they have had sight of this patient consent form.
- You can draw information from the public domain, in which case you should provide a clear and precise reference to the book, journal or website.

**Actions following the identification of a breach of confidentiality**

A framework is provided below which summarises the considerations and actions that may arise following identification of a breach of confidentiality within trainees work. It is underpinned by the shared view across the Schools within the FMH that a failure to protect confidential information is primarily of professional concern.

It is also recognised that it is possible where a breach has occurred that a trainee may also not meet relevant assessment learning outcomes, which refer to themes of professional behaviour/ awareness and therefore may receive a referral or fail grade.

**Breach of Confidentiality Framework**

This framework will be used where a breach of confidentiality is identified in work submitted for assessment and will inform judgements made to determine the ‘level’ of that breach. It will then be used to identify the actions indicated in each instance.

Please be aware that the examples given are provided to indicate the type of scenarios that may present but is not an exhaustive list. Where the level of breach is inconsistent
across the differing criteria an overarching outcome will be identified which appears to most accurately reflect the context in which the brief has occurred.

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<tr>
<th>CRITERIA</th>
<th>LOW LEVEL</th>
<th>MEDIUM LEVEL</th>
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<td><strong>Academic</strong></td>
<td>An inexperienced trainee who may be unaware of the expected practice within academic work. <em>For example:</em> A first year trainee on a programme leading to a professional qualification; or within the first written submission of post-qualifying study where there is no other recent relevant study experience; or a trainee who presents significant mitigation; or where there are significant cultural considerations.</td>
<td>A trainee who is likely to be aware of expected practice. <em>For example:</em> A trainee who is beyond the first year of a programme leading to a professional qualification but before the final year; or a trainee who holds a professional registration who is beyond their first module of study but still within the first year; or any trainee after completion of known instruction regarding the importance of maintaining confidentiality in coursework; or a trainee who has received a previous LOW level warning regarding breach of confidentiality.</td>
<td>An experienced trainee who is aware of expected practice. <em>For example:</em> A trainee on a programme leading to a professional qualification in their final year; A trainee who holds a professional registration who has completed more than a year of post-qualifying study; or a trainee who has received a previous, MEDIUM or HIGH level warning, sanction or fitness to practice referral relating to a breach of confidence.</td>
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<tr>
<td><strong>Experience of the Trainee</strong></td>
<td><strong>Nature of the Breach of Confidence</strong></td>
<td>Raises only minor professional concern. <em>For example:</em> Appears to be an oversight on the part of the trainee who has ensured confidence elsewhere in the work; or includes identification of a non-specific geographical area; or identification of a large organisation.</td>
<td>Is a cause of significant concern. <em>For example:</em> Identification of a specific practice setting; or inclusion of unnecessary detail that may jeopardise confidentiality of individuals or the care context; or lack of due regard to the protection of confidence such as inadequate ‘blacking out’ or removal of confidential information.</td>
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<td><em>For example:</em> In one instance within the body of the work; or in one instance within supplementary materials; appendices etc. or where the trainee appears to have taken steps to ensure confidentiality throughout the majority of the work.</td>
<td><em>For example:</em> Two or three instances within a piece of work; or in one instance within a piece of work but on more than one occasion such as in multiple portfolio elements.</td>
<td><em>For example:</em> Throughout the work; or in several instances; or in all sections of the work.</td>
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<tr>
<td>Expected Level of Professional Awareness</td>
<td>The trainee would not be expected to have awareness of the professional expectations regarding protection of confidentiality;</td>
<td>The trainee would be expected to be aware of the need to ensure confidentiality but may not fully appreciate the range of implications arising from this, or has superficial understanding;</td>
<td>The trainee is expected to be fully aware of the necessity to protect confidence;</td>
</tr>
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<td></td>
<td><em>For example:</em> A trainee on a programme leading to professional qualification within the first semester of study without any previous experience in a professional environment; or a trainee undertaking pre-qualifying study within the first semester of study who has just left school; or a trainee undertaking pre-qualifying study within the first semester of study who has not worked previously in a care context; or a trainee who not received any explicit guidance (in theory or practice) regarding the necessity to protect confidential information.</td>
<td><em>For example:</em> A trainee on a programme leading to a professional qualification within the first semester but who has relevant practice experience; or a trainee on a programme leading to a professional qualification; who is beyond the first year but not yet in the final year; or a trainee who has received a previous LOW level warning regarding breach of confidentiality.</td>
<td><em>For example:</em> Any registered practitioner; or a senior trainee on a programme leading to a professional qualification; or a trainee on a programme leading to a professional qualification who has received a previous, MEDIUM or HIGH level warning, sanction or fitness to practice referral relating to a breach of confidence.</td>
</tr>
</tbody>
</table>

The following action will be taken in relation to the overarching level of breach identified. In all instances the School’s designated Academic/LTS lead will be notified in order that a record can be made of the trainee’s registration number, level of breach identified, and what action has been taken.
<table>
<thead>
<tr>
<th>OVERALL OUTCOME</th>
<th>LOW LEVEL BREACH</th>
<th>MEDIUM LEVEL BREACH</th>
<th>HIGH LEVEL BREACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTION TO BE TAKEN</td>
<td>The nominated School Lead should be informed; and</td>
<td>The nominated School Lead should be informed; and</td>
<td>The nominated School Lead should be informed; and</td>
</tr>
<tr>
<td></td>
<td>A written warning should be given on assessment feedback documentation by the marker identifying the specific nature of the breach; and</td>
<td>A written warning should be given on assessment feedback documentation by the marker identifying the specific nature of the breach; and</td>
<td>A written warning should be given on assessment feedback documentation by the marker identifying the specific nature of the breach; and</td>
</tr>
<tr>
<td></td>
<td>Where a script has also received a referral grade the breach MUST be rectified on resubmission.</td>
<td>Where a script has also received a referral grade the breach MUST be rectified on resubmission; and</td>
<td>Where a script has also received a referral grade the breach MUST be rectified on resubmission; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The marker may refer the case to the School lead for Fitness to Practice for consideration.</td>
<td>The marker should refer the case to the School lead for Fitness to Practice for consideration.</td>
</tr>
</tbody>
</table>

### Plagiarism or collusion

The University takes very seriously cases of plagiarism or collusion. In proven cases, offenders shall be punished, and the punishment may extend to failing their award, temporary suspension or expulsion from further study at the University if the case comes before a Discipline Committee of the University. Plagiarism and collusion, at any stage of a trainee’s course, whether discovered before or after graduation, will be investigated and dealt with appropriately by the University. Please refer to the University Student Handbook (Taught Programmes) for further guidance regarding plagiarism and collusion and information available on the Portal.

Whatever you heard or learned about these topics before, you must make sure to learn the UEA rules. Students all too often get into trouble by not doing this. Definitions of plagiarism (the unacknowledged use of another person’s work) and collusion (a form of plagiarism, involving unauthorised co-operation between at least two people) are expanded in the UEA policy document on these topics.
The plagiarism policy can be found here: https://portal.uea.ac.uk/dos/learning-enhancement/study-resources/plagiarism/uea-policy and there is a wealth of useful information on avoiding plagiarism, provided here: https://portal.uea.ac.uk/dos/learning-enhancement/study-resources/plagiarism?_ga=1.106534144.2077351112.1446198595

The UEA policy on plagiarism and collusion applies to work of all types submitted for formative as well as summative assessment, including, for example, work produced for SP/SR blogs. What you submit needs to be a result of your own effort and representing your own ideas and understanding. If you are using the ideas of others, then you just need to acknowledge them clearly by citing them specifically. If you use their words you need to show this by using quotation marks as well as the citation. The policy states that the University takes this very seriously, because “students who plagiarise or collude threaten the values and beliefs that underpin academic work and devalue the integrity of the University’s awards.” (p.1). These offences, and also self-plagiarism, which is undeclared re-submission for assessment of one’s own previously assessed or published work, are also considered a fitness to practise issue for IAPT students. It is also risky to share your work even in draft format with other students in a form that could be submitted for individual assessment, as the provider could also be accused of collusion.

You are expected to familiarise yourself with the principles and definitions explained in the UEA policy document, and to use resources provided by UEA to help you to develop good academic practice and to avoid committing plagiarism and collusion. All work of students that is suspected of containing plagiarised material may be submitted to text-matching software to establish the extent of the offence and to help identify sources.

You must keep your own electronic copies of your assessments as submitted, in case you are required to produce them for checking with text-matching software. It is also advisable to keep copies (electronic or paper) of working drafts of assessments in order to show your ownership of the work, if required.

Copyright law and sharing electronic resources

A separate but related issue to plagiarism, pertinent especially to use of electronic resources, is that copying and pasting sources of electronic origin (e.g. images, diagrams and text on websites), is very likely to infringe copyright of the authors. This is true even if the source is acknowledged thus avoiding plagiarising it. Terms and conditions of many resources readily available on the internet often state that their use is free for personal use, but that copying, sharing or redistribution is not allowed, even for educational purposes. Posting on Blackboard, or emailing copies, are forms of redistribution and sharing. Websites popular for PBL work and PDF files of journal articles are included in this. The Terms and Conditions of use should always be checked before copying. The UEA’s copyright expert recommends that best practice to avoid infringing copyright is to share or post a link to the resource. The electronic link allows each user to read and download or process the item as the copyright terms and UEA’s licence allow.
Prior to submitting your work

Prior to submitting your assignment you should always make sure that it conforms to the assignment guidelines, as this will help you to avoid penalties. Please refer to the University Student Handbook (Post Graduate Taught Programmes) for further guidance on assessments and submission of coursework. It should have the appropriate front sheet and be submitted on or before the deadline. Students will be contacted in advance of the submission date by the HUB team to clarify the submission process.

Extenuating Circumstances for written work

If you feel that you need to apply for extenuating circumstances for written work, e.g. to request an extension, prior to the deadline, or make the School aware of circumstances you would like to be taken into consideration, you should discuss this as soon as possible with your Personal Advisor in the first instance and/or the Programme Director. Circumstances submitted after an assessment submission date may not be accepted. You should not presume a request has been granted until the HUB have emailed to confirm this with you if approved.

Applications are made online via e:vision and information about applying for extenuating circumstances can be found in the following link:

https://portal.uea.ac.uk/learning-and-teaching/students/studying/extenuating-circumstances

With the exception of self-certificated extensions supporting evidence is required for all Extenuating circumstance submissions.

The Extenuating Circumstances Panel (ECP) for each Board of Examiners covering taught degree programmes in the School consists of a pool of at least 4 academic members (one of whom will act as Chair) appointed by the Head of School. All evidence considered by the ECP in making their recommendation will remain confidential. Extenuating circumstances will therefore be disclosed to a smaller number of people compared to the current practice of extenuating circumstances that relate to progression or classification being considered by the full Board of Examiners.

Due to the professional nature of the course please note that the acceptance of extenuating Circumstances would not change a fail grade to a pass or affect clinical competency assessment scores. The best outcome would be an additional attempt at a written assessment. Clinical competence cannot be negated as it builds across the training period.

The OSCE assessments are PASS/FAIL and you sign a ‘Fit to Sit’ prior to undertaking them declaring there are no factors affecting your performance. If you are unwell and cannot sign this agreement, then you will not take the assessment at that time and an alternative date will be provided. The portfolio and outcomes build across the training year and are PASS/FAIL. These sit outside of this process for written work.
**Failure to submit a piece of work or sit an OSCE**

If you fail to submit a piece of required work by the published deadline or sit an OSCE / course test without prior permission to be absent this automatically generates a provisional grade of fail at first/second attempt as relevant.

**How academic work is marked**

Markers derive your overall mark from two broad aspects of your work:

1. The degree to which you have satisfied the specific guidelines set for your module assignment
2. The extent to which your work is well written.

**How clinical assessments are marked**

Clinical assessments are PASS/FAIL and outside of academic achievement. They are subject to blind marking and moderation using nationally agreed and validated objective measures of competency and/or clinical sign off based on your performance in service.

**When will results be released?**

The Faculty is committed to providing you with feedback and provisional results on summative assessments as quickly as possible. For the IAPT Programmes the norm will be 20 university working days except for OSCEs, live patient recordings and their corresponding case study and portfolio projects which will be 30 university working days. All dates were given on the assessment schedule sent to you prior to you commencing your studies so that you are clear when these demands must be met. Re-assessment dates are also planned in advance on this schedule so you can plan accordingly. Where we are unable to meet the norm, you will be notified and an explanation given. Work that is submitted after the published deadline, including approved extensions, may take longer than the 20 working day timescale but will normally be within 30 days. This is due to missing the allocated time slot for marking based on the original deadline.

**Provisional marks and the Board of Examiners**

All marks awarded are **provisional** until they have been scrutinised by the External Examiner to the programme and been confirmed by the Board of Examiners. Before the Board of Examiners ratifies marks, feedback will be provided to you in the form both of written comments and a provisional mark, however marks may change subject to External Examination. The Board of Examiners meets up to three times a year (usually in November, March and June). The Board of Examiners is made up of experienced internal and external examiners who monitor trainees work, scrutinise the quality of marking processes and critically compare UEA standards of trainee work and marking to that in other equivalent institutions. During the course of its work the Board of Examiners has the power to moderate marks and assessment results in light of their findings from the above activities.
Final results and confirmed marks will be issued following the meeting of the Board of Examiners. A mark of 50% or more for a module will be treated as a pass mark and will qualify for credit. A candidate who receives a mark of 49.99% or below will be referred to reassessment.

**The Board of Examiners and re-assessment**

In the event of a failed assessment, the Board of Examiners will decide whether to confirm the mark and consider whether or not you can be reassessed. You will then be sent a letter notifying you of the Board of Examiners’ decision. If you are eligible to be reassessed, you will be provided with instructions in the letter and you will be charged a reassessment fee for each module that requires reassessment. The fee is approximately £70 per module (subject to annual change). Students will have a maximum of two attempts at any assessment.

Trainees are advised to read and respond to the marker’s feedback when undertaking their reassessment and strongly encouraged to discuss this with their Personal Advisor before resubmitting.

The deliberations of Boards of Examiners are confidential. Examiners are not authorised to inform candidates of any discussion that may have taken place in the Board’s meeting.

Examiners are required to make academic judgements about candidates’ performance and marks are a guide to examiners in making those judgements. However, other factors may be taken into account and candidates should be aware that a particular number or pattern of marks does not necessarily lead to a given result.

**Trainee assessment results for each assessment**

When we release trainee results on results day, we will release these to you first. Following this we will send a copy of the results to your manager/supervisor so that they are aware of your progression and any re-sits you may need to attend, if applicable. Our assessment schedules and re-sit dates are planned in advance for each module. You will find these in the welcome pack on the assessment schedules and in this handbook. These give you the dates of all assessments, results, release dates and re-assessments dates for final attempts so you can plan workloads and schedules in the service around these times.

**General feedback on the OSCE assessments and in-class tests**

After the in-class tests and OSCEs we will provide anonymised generic feedback to you and your service regarding overall performance of the group and areas that are still developmental points or in which a number of students did not perform optimally in terms of competency/knowledge. This will help trainees to continue their learning and also the service to know areas for development that they may be able to be met through in-house clinical skills supervision.
Course Progression and Reassessment

In order to progress you have to pass all assessments. You are permitted one further attempt (a 'resit') of any assessment that you fail.

Please note that if you fail any summative component of the course twice, you will be withdrawn from the course.

No student will have the automatic right to reassessment. Those students whose engagement/attendance with the course has been poor and who fail an examination may not be offered a reassessment opportunity.

Marking and moderation regulations

All markers are nationally trained in the PWP national curriculum and receive specific training in marking the OSCE assessments and other academic and clinical assessments and inter-rater reliability checks are undertaken in each cohort.

All written work on the programme will be marked and then moderated in line with the UEA policy.

The sample of work taken for moderation will take account of the following:

- submissions across the full range of marks
- all submissions with a fail mark
- submissions marked by each marker
- for modules with 10 students or fewer, all submissions will be moderated
- for modules with more than 10 students, at least 10% of all work submitted or 10 submissions, whichever is the higher number.

All marks are considered provisional until reviewed by the External Examiner and then ratified at the formal Board of Examiners. Only once the Board of Examiners has sat and your notification of result received, will you be considered to have completed the training.

External Examiner

The External Examiner for the programme is Clare Stephenson, Lecturer in Mental Health, University of Manchester.

Recommended Books

Across the programme are a small number of recommended books that you may want to have access to and consult frequently in your academic and on-going clinical work. The list below is not an exhaustive reading list and there are detailed reading lists provided for each module available on Blackboard when you are registered.

Please note that you are not expected to purchase all books that have been listed, however they will be used extensively within the course and will help you at length throughout your studying. With this in mind, the library will have access to all reading
material listed here, in plentiful stock and wide journal access should you not wish to purchase them. Once you are registered you can access the UEA library resources via blackboard.

<table>
<thead>
<tr>
<th>Book Title</th>
<th>Cover Image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Intensity Cognitive Behaviour Therapy: A Practitioner’s Guide Mark Papworth et al. (2013)</td>
<td>![Cover Image]</td>
</tr>
<tr>
<td>How to Beat Depression one step at a time using evidence based CBT Chellingsworth &amp; Farrand (2015)</td>
<td>![Cover Image]</td>
</tr>
<tr>
<td>How to Beat Worry and Generalised Anxiety Disorder one step at a time using evidence based low intensity CBT Chellingsworth &amp; Farrand (2016)</td>
<td>![Cover Image]</td>
</tr>
<tr>
<td>How to Beat Panic one step at a time using evidence based low intensity CBT Chellingsworth &amp; Farrand (2016)</td>
<td>![Cover Image]</td>
</tr>
<tr>
<td>Thrive: The Power of Psychological Therapy Layard &amp; Clark (2015)</td>
<td>![Cover Image]</td>
</tr>
<tr>
<td>Desk Reference to the Diagnostic Criteria from DSM-5</td>
<td>![Cover Image]</td>
</tr>
</tbody>
</table>

We have further resources on our website available here:

[www.uea.ac.uk/medicine/departments/psychological-sciences/cognitive-behavioural-therapy-training/iapt-and-cbt-resources](http://www.uea.ac.uk/medicine/departments/psychological-sciences/cognitive-behavioural-therapy-training/iapt-and-cbt-resources)
What the School expects from you

The UEA PWP training is a professional healthcare qualification, and all our IAPT students need to develop themselves as professionals whilst undertaking the course. It is relatively rare that students act in ways not consistent with their professional status. However it is worth remembering that you must adhere to all UEA regulations and service policies and procedures in your workplace. All trainees will have to sign our UEA IAPT Trainee Declaration and Agreement outlining the requirements on them. It is impossible to specify all the ways in which a professional code of conduct can be violated: you must interpret the principles and make your own judgements, as will staff. Failure to adhere to these regulations and policies will lead to formal Fitness to Practice or Disciplinary procedures being invoked in line with our regulations. This may involve removal from the programme.

Ethical Practice and Conduct and becoming a member of the BPS/BABCP while training

Being able to identify ethical issues in your role and having a clear and confident sense of how to respond in ethically sound ways is essential to working well as a PWP. The high standards of practice to which you are expected to adhere in this regard ensure that you work effectively and in a manner which can be clearly justified according to sound ethical reasoning and the relevant codes or guidance. With this in mind, considerations regarding ethics and ethical practice run throughout the UEA PWP training programme and we have adopted an approach to teaching on this subject with a clear practical focus. Early on in the training you will be introduced to some key ideas relating to ethical practice and the topic will feature as a theme for Directed Learning Day tasks and class supervision in Module 3. The Ethical Practice in the work of PWPs document which forms the basis of these tasks is available on Blackboard.

We require all trainees to become a member or subscriber of the British Psychological Society (BPS) and/or British Association of Behavioural and Cognitive Psychotherapies (BABCP) when on the programme. The BPS Code of Ethics and Conduct and supplementary ethical guidelines provide clear ethical principles, values and standards to guide and support practitioner’s decisions in the difficult and challenging situations they may face. Further information can be found at www.bps.org.uk/ethics.


Both these standards and details on membership and its benefits are provided for you on Blackboard. Becoming a PWP trainee at UEA means that you agree to abide by these standards in addition to the UEA regulations and learner agreement that you have signed.
Benefits of belonging to the BPS and/or BABCP as a member

We have provided you with information on Blackboard of how to join both the BPS and BABCP. At least one must be joined while you are a trainee so you have a code/standard of performance, conduct and ethics you adhere to. There are many benefits to membership. Those of you entering PWP training who have completed an accredited psychology undergraduate degree will be eligible for Graduate Membership of the Society; all other trainees are able to join the Society as Affiliate Subscribers. Anyone with an interest in CBT can become a member of the BABCP. Membership brings access to journals of academic research in the field of Psychology, CBT and IAPT, regular updates and membership news, access to CPD and organisation conferences as well as many other benefits for your practice.

The BPS is the lead Society for Psychology practice and course accreditation of programmes, including PWP programmes. There are many benefits of being a member including conferences and events, information sharing and forums, discounts on books and resources and other great benefits. You can find out more about the benefits of being a member and about how to join on the link: [http://beta.bps.org.uk/join-us](http://beta.bps.org.uk/join-us) or via the leaflet: [http://www.bps.org.uk/system/files/Public%20files/subscribers_leaflet_web.pdf](http://www.bps.org.uk/system/files/Public%20files/subscribers_leaflet_web.pdf)

BABCP is the lead organisation for CBT in the UK. It has over 9,500 members - including nurses, counsellors, psychologists, psychiatrists, PWPs and other health professionals as well as students and trainees. BABCP is the only organisation which accredits CBT therapists. Membership is open to anyone with an interest in the practice, theory or development of CBT. Membership makes you part of the CBT community - whether you are a CBT user, a therapist or just interested in mental health issues. As a PWP is a CBT based role, some PWPs join BABCP for these benefits and attend the annual conference. You can find out more about the BABCP and join here: [http://www.babcp.com/Membership/Join.aspx](http://www.babcp.com/Membership/Join.aspx).

Where you can seek help with your studies

**Personal Advisers**

Every student at the University of East Anglia has a Personal Adviser who is there to provide academic, career and pastoral advice. Your advisor will be a UEA employed member of the PWP teaching team. You should meet your Personal Adviser within the first 3 weeks of the first term, and then subsequently once each term to review your progress with various aspects of the course, feedback on your assessments and how things are going. You will meet with your advisor a minimum of three times during your training. Your Adviser will offer you support and guidance as you need it and may help with practical things like providing references. They will encourage you to adopt attitudes and approaches which will help you to become a good practitioner. The responsibility to make contact and organise the meeting is with you. At all meetings it is important to bring a copy of all your
assessment results and tutor reports. Following an advisor meeting either your advisor or you should make brief notes of the meeting which you both agree.

**Student Support Services**

The Student Support Service is a valuable resource if you have any concerns or difficulties. They offer a Counselling service, accommodation and finance offices. The Service also runs a learning enhancement service which offers advice on several areas including giving presentations, exam technique, organisation and time management. More information on this can be found at [https://portal.uea.ac.uk/student-support-service](https://portal.uea.ac.uk/student-support-service) or you can visit the office in person. It is located on Upper Street close to the Library, between Waterstones Bookshop and the University Counselling Centre.

**Formal breaks in study**

Students may request a formal break in study from the course (i.e. take time out from the course) for a number of reasons – e.g. health, personal issues, pregnancy, and intercalated degrees. Time out from the course is often a full academic year but each case is considered on an individual basis. All initial queries regarding formal break in study should be directed to the LTS Hub hub.pgt.med@uea.ac.uk who will liaise directly with the Learning and Teaching Service (LTS) who will take the process forward. You must also be discussed with your service due to the implications on your employment and funding.

**Pregnancy**

If you are pregnant please contact your Personal Advisor as soon as possible in order for the School to conduct risk assessments. All information is strictly confidential but for your safety the School needs to be aware at an early stage.

**Student Union Advice Centre**

The Union Advice Centre provides an independent, free and confidential service open to all UEA students. You can pick up leaflets and information about a range of subjects and the friendly staff can offer face-to-face advice on just about anything. If they can’t help you, they will send you to someone who can. The Advice Centre is located on the walkway of Union House, next to the Hive overlooking the Square. They are open weekdays 10am-4pm. You can drop in during the day to pick up a leaflet or book an appointment with one of their Advice Workers. They are also available by phone on 01603 593463 and by email at advicecentre@uea.ac.uk
Postgraduate Certificate/Certificate in Evidence Based Low Intensity CBT (IAPT PWP)

Clinical Supervisor: evidence of patient consent to video or audio record session for Module 3 diversity case

This below is to be read and signed by yourself and your clinical supervisor.

Patient consent must be obtained for this recording. Please sign below to confirm that you have seen evidence that the student has received written consent that the patient has consented to:

☐ Sessions being audio-recorded

☐ Sessions being video recorded

☐ Anonymised written material being used for submission and assessment purposes

Patient’s initials:

Clinical Supervisor

Name:

Signature:

Date:

Student

Name:

Signature:

Date:

When completed, please upload a copy of this form to Blackboard with the submission of your Module 3 diversity recording.
Patient Consent

It is essential to the training of psychological staff that their skills are monitored and assessed to ensure they provide best patient care. Audio or video recording patient sessions means the clinical supervisor or professional trainer can listen to the session to review the therapists’ skills and provide learning points and feedback.

There is no obligation to consent to this. However, if you do consent to being recorded for training purposes, personally identifiable information will be removed from the material, and the recording will only be routinely heard by a supervisor/ the PWP UEA training team and examiner. Clinical material can also be accessed by non-teaching UEA staff but would not be routinely listened to. Any recordings or materials are kept securely, and destroyed following assessment.

Consent is optional, with no obligation to agree to have material discussed, written about or recorded. Declining or withdrawing consent will not affect your therapy in any way.

I, __________________________, consent to:

(Please tick all applicable)

☐ My therapy sessions being audio-recorded

☐ My therapy sessions being video recorded

☐ Any anonymised written material about me being used for monitoring, submission, and assessment purposes

I understand that:

☐ Written material will not include any personal identifiable characteristics

☐ Any material about me will be destroyed after it has been reviewed.

☐ I may withdraw my consent for any of the above points at any time

Patient signature:

Date: