

PWP Review

Roles in PWP training of NHS education commissioners, university training courses, IAPT service placement providers and BPS as accreditation body

1. Introduction
 - 1.1 Delivery of effective PWP training involves more than just university training courses. With the majority (80%) of PWP trainees' time being spent in services, the training and supervision provided by service supervisors and the links between university training providers and services are critical to PWP trainees learning and competent practice. NHS education commissioners (currently NHS Health Education Local Education and Training Boards) are key to the planning, funding and quality assurance of training. Finally, the British Psychological Society (BPS) as the body that accredits PWP training courses, is central to the maintenance of training standards. This paper sets out the roles and responsibilities of each in training and the importance of partnership between all four types of body in ensuring effective training.

2. NHS education commissioners
 - 2.1 In the early years of the national IAPT programme in England, funding for IAPT training was ring-fenced and allocated by Regional IAPT teams. With the mainstreaming of the national programme from April 2011, funding for IAPT training became mainstreamed as part of national Multi-professional Education and Training (MPET) funding and allocated locally by NHS regional education commissioning teams. From April 2013, with the creation of Health Education England (HEE), responsibility for local education commissioning was passed to HEE Local Education and Training Boards (LETBs).
 - 2.2 NHS education commissioners are responsible for identifying workforce needs, commissioning and funding training to meet these needs and monitoring the output and quality of the training they commission. A system of standard contracts between education commissioners and the Higher Education Institutions (HEIs) providing training courses and between education commissioners and the NHS Trusts providing trainee placements (and employing trainees), with a standard timescale for workforce needs identification and commissioning training, ensures there is a coherent, transparent, well understood process for all local organisations involved in training. It is important that local education commissioners use the same system and timescale for planning and commissioning of IAPT training as for other non-medical pre-registration training courses. Arrangements for IAPT

training should thus be part of core mainstream education commissioner business processes and not an add-on using different timescales and processes.

- 2.3 While NHS Trusts and other NHS funded service provider organisations are responsible for workforce planning for their own workforce, NHS local education commissioners collate information about current workforce and future workforce needs in order to estimate requirements for training – both numbers and any changes in skills and competencies needed. As routine NHS workforce coding may not have a consistent category for coding PWPs and other IAPT workforce, routine data submissions from Trusts about workforce may underestimate the IAPT workforce. In addition, where IAPT service providers are not NHS Trusts (as is common in many areas), education commissioners will not usually approach these organisations to provide workforce information as part of business as usual. Accordingly, NHS local education commissioners should consider systems of supplementing routine workforce data collection with specific surveys of IAPT service providers in order to obtain accurate information about current PWP workforce and future PWP workforce needs.
- 2.4 In commissioning PWP training from HEIs, NHS education commissioners need to be aware that PWP courses are accredited by the British Psychological Society (BPS). Commissioning places from an accredited course provides assurance that the course meets appropriate training standards and that PWPs qualifying from the course are competent and meet the needs of IAPT services. PWP training courses are the pre-registration training for PWPs and should be funded in the same way as other pre-registration trainings. Timetables for informing HEIs of indicative commissions and confirming these should be in line with timetables for other non-medical pre-registration training courses.
- 2.5 PWP training is usually undertaken as a full-time postgraduate training, comprising an average of one-day a week in college and four days a week on placement in an IAPT service. On placements, PWP trainees are salaried employees of NHS Trusts or other providers of IAPT services. In line with similar pre-registration trainings where trainees are salaried employees of NHS Trusts, NHS education commissioners should provide funding for the salaries of PWP trainees through reimbursement of IAPT service providers for the time spent by PWP trainees in training.
- 2.6 With 80% of PWP training taking place in service placements, NHS education commissioners role in ensuring NHS Trusts are signed up to and support their responsibilities in providing the placement element of PWP training to an appropriate standard and liaise in this with PWP HEI course providers, is critical. Standard contracts between education commissioners and Trusts (e.g. Learning and Development Agreements) should include PWP training and make clear Trusts responsibilities to support PWP training

in the same way as other health professional trainings. Where Trusts or other IAPT service providers do not meet standards for PWP placement provision, education commissioners should support university course providers in not placing PWP trainees in these services until they do meet standards.

- 2.7 NHS education commissioners should monitor the quality of the PWP training they commission through the standard quality assurance processes they use for other pre-registration training they commission.
- 2.8 NHS education commissioners, in conjunction with Trusts and other IAPT service providers, should identify the continuing professional development needs of qualified PWPs and facilitate commissioning of appropriate post-qualification training courses to meet these needs.
3. University training courses
 - 3.1 Universities and any other HEIs providing PWP training courses should ensure their courses are delivered in line with the national curriculum for the education of PWPs and in line with the accreditation standards for PWP courses set out by the BPS.
 - 3.2 University PWP training courses have a responsibility to ensure that the service placements they use for PWP trainees meet appropriate standards. In this they should form and maintain good liaison relationships with IAPT service placement providers, make clear what are the standards expected from placement providers and support placement providers in meeting these standards. Where placement providers fail to meet standards, they should not be used for PWP course placements. In the event of a dispute, university PWP courses may need to advise their local NHS education commissioner of the reasons for not using an IAPT service placement and seek their arbitration.
 - 3.3 PWP training courses should consider establishing a formal quality assurance process to check that service placement providers do meet minimum standards. Services meeting such standards may be designated as "approved training sites" and only these would be able to host PWP trainees. Training courses would be advised to agree the quality assurance process with their local NHS education commissioner.
 - 3.4 University PWP courses should provide training for PWP service placement supervisors in case and clinical skills supervision of PWP trainees
 - 3.5 NHS education commissioners in consultation with local IAPT service providers will from time to time suggest adaptations or enhancements to PWP pre-qualification training to meet perceived local needs. HEIs providing PWP training courses should be responsive to these suggestions and seek to

make modifications accordingly, as long as these are within the overall framework of standards and requirements for courses set by the national curriculum and BPS accreditation criteria.

- 3.6 Senior PWP training course staff should offer to contribute as members of the BPS PWP course accreditation committee, as the credibility and robustness of the accreditation system depends on input from a broad range of senior staff
- 3.7 HEIs providing PWP training courses are in a good position to consider the design of post-qualification training courses to meet qualified PWPs continuing professional development needs.
4. IAPT service providers
- 4.1 With the majority (80%) of PWP trainees' time being spent in services, the training and supervision provided by service supervisors and the links between university training providers and services are critical to PWP trainees learning and competent practice. Unless trainee PWPs have appropriate cases, materials and local service protocols to develop the skills they are taught in their university course, and unless their service supervision is consistent with and reinforces their course teaching, they will not develop as competent practitioners
- 4.2 IAPT service providers who wish to provide PWP trainee placements should be aware of the requirements and standards that IAPT services need to meet (set out in 4.3 – 4.5 below) in order deliver a PWP trainee placement
- 4.3 IAPT services where PWP trainees are placed should meet the following minimum IAPT and general service standards:
- Follow a stepped care system with coherent integrated care pathways and clear protocols for initial allocation and stepping up/down
 - Provide interventions that are in line with NICE guidance
 - Have good quality CBT-based self-help materials and cCBT packages available for trainees to use
 - Have suitable office and clinical accommodation for PWP trainees to use
- 4.4 To ensure adequate training experiences, support and supervision of PWP trainees within services, IAPT services where PWP trainees are placed should ensure:
- PWP trainees have caseloads that are compatible with an effective training experience (e.g. gradual build up of caseload; type of patients seen) and services should commit to agreeing appropriate caseloads with the relevant courses
 - PWP trainees have access to the full range of presentations and modes of assessment and treatment that are required for completion of the course

- Supervisors have demonstrable knowledge and experience of delivering LI interventions and are conversant with the service's CBT-based self-help and online materials and site protocols
 - All PWP supervisors have attended a PWP supervisor training course
 - PWP trainees receive regular case management (weekly) and clinical skills (fortnightly) supervision
 - PWP trainees' practice based learning days are used for the practice-based learning assignments of the course and are not used for routine clinical work.
 - Availability of adequate equipment for routine audio and video recording of sessions by PWP trainees
- 4.5 Services hosting PWP trainees should work closely with the trainees' university training course in jointly delivering a coherent training experience that ensures PWPs achieve the learning outcomes set out in the national PWP curriculum and is in line with BPS accreditation standards. In dealing with individual PWP trainees, they should work with courses to address identified problems by making relevant adjustment to individual support, supervision and service and training/development
5. British Psychological Society course accreditation
- 5.1 The British Psychological Society (BPS) is the national body that accredits PWP training courses. As such it has a central role in the maintenance of training standards.
- 5.2 In the early years of the national IAPT programme in England, the Department of Health national IAPT team established a contract with the BPS to provide national PWP course accreditation. As part of this, meeting the standards of the national curriculum for the education of PWPs was written into BPS PWP course accreditation handbook. While the formal contract has expired, the BPS through its accreditation function, remains the custodian of the national curriculum and the key body going forward in maintaining training standards.
- 5.3 The BPS accreditation function for PWP courses is carried out by an accreditation committee. This committee is responsible for reviewing and updating accreditation standards and for the procedures for accrediting individual courses. It is important for credibility and robustness of the accreditation system that membership of the accreditation committee is seen to be representative of the training community as a whole and that views of the wider training community (IAPT service leads and NHS education commissioners) are sought on key issues
- 5.4 A reconstituted BPS PWP accreditation committee is to be established in January 2015, comprising a Chair and core group of around 4-5 individuals,

who will report in to the Society's governance structure via the Committee on Training in Clinical Psychology for the remainder of the 2014/15 academic year. The committee's primary task will be to revise the accreditation handbook to incorporate the new national curriculum and other products as appropriate, with the new handbook going live in September 2015. Beyond 2015, it is expected that the accreditation of PWP courses will be overseen by a BPS committee with responsibility for a number of other psychological trainings for which professional recognition is sought.